# 2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**May 21, 2010**
**Secretary of State**

DOCUMENT# 769500

**Entity Name:** ANCIENT OAKS R.V. RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6407 SE US 441
OKEECHOBEE, FL 34974 US

**New Principal Place of Business:**

**Current Mailing Address:**

6407 SE US 441
OKEECHOBEE, FL 34974 US

**New Mailing Address:**

**FEI Number: 59-2392896** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZOBEL, RON
6407 HWY 441 SE
OKEECHOBEE, FL 34974 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D
Name: ADER, BEVERLY
Address: 5163 SE 64TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: T/S
Name: SPERRY, GARY
Address: 5367 SE 66TH AV
City-St-Zip: OKEECHOBEE, FL 34974

Title: P
Name: WHITNEY, DENNIS D
Address: 6472 SE 51ST LN
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP
Name: PULLEN, ED
Address: 6431 SE 51ST ST
City-St-Zip: OKECHOBEE, FL 34974

Title: D
Name: CHRISTENSEN, ROBERT
Address: 5344 SE 65TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ED PULLEN VP 05/21/2010
Electronic Signature of Signing Officer or Director Date