

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90005 047 ****61.25

DOCUMENT # N02000002522 1. Entity Name OAKS AT OKEECHOBEE OWNERS ASSOCIATION CORP.					
Principal Place of Business 11781 SE HWY 441 OKEECHOBEE, FL 34974			Mailing Address 11781 SE HWY 441 OKEECHOBEE, FL 34974		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEMBREE, J.D. 11781 SE HWY 441 OKEECHOBEE, FL 34974				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>J. D. Hembree</i></u> 6-7-05 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HEMBREE, J.D.		NAME		
STREET ADDRESS	11781 SE HWY 441		STREET ADDRESS		
CITY - ST - ZIP	OKEECHOBEE, FL 34974		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COLLIER, BRANDON		NAME		
STREET ADDRESS	11789 SE HWY. 441		STREET ADDRESS		
CITY - ST - ZIP	OKEECHOBEE, FL 34974		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRIFFIN, NELSON		NAME		
STREET ADDRESS	2115 BACON PT.		STREET ADDRESS		
CITY - ST - ZIP	PAHOKEE, FL 33476		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>J. D. Hembree</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6-7-05 863-824-0850 Date Daytime Phone #		