

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006548

1. Entity Name
FRA-MAR ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**104 NW 7TH AVENUE
OKEECHOBEE, FL 34972**

Mailing Address
**POST OFFICE BOX 536
OKEECHOBEE, FL 34973**



01232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2462530

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**TUCKER, BRANDON
104 NW 7TH AVENUE
OKEECHOBEE, FL 34972**

**DO NOT WRITE
IN THIS SPACE**

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

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BRADY, FRANK
PO BOX 536
OKEECHOBEE, FL 34973**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D,
BRADY, MARILYN
PO BOX 536
OKEECHOBEE, FL 34973**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TUCKER, BRANDON
104 NW 7TH AVENUE
OKEECHOBEE, FL 34972**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

UN0000406879
02/07/06-80106-026 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06

Date

(772) 597-3565

Daytime Phone #