


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N03000006548 1. Entity Name FRA-MAR ACRES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 104 NW 7TH AVENUE OKEECHOBEE, FL 34972	Mailing Address POST OFFICE BOX 536 OKEECHOBEE, FL 34973
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2462530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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04/09/08-80034-020 61.25

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: Marilyn H. Brady / Marilyn H. Brady **3/19/08** **(772) 597-3565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #