2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008299

FILED Mar 21, 2007 Secretary of State

Entity Name: R-BAR ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2540 NE 60TH COURT 7285 SW 9TH STREET

OKEECHOBEE, FL 34972 OKEECHOBEE, FL 34974 US

Current Mailing Address: New Mailing Address:

2540 NE 60TH COURT P.O. BOX 1396

OKEECHOBEE, FL 34972 OKEECHOBEE, FL 34973 US

FEI Number: 20-3856672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MONROE, CARL

2540 NE 60TH COURT

7285 SW 9TH STREET

OKEECHOBEE, FL 34972 US OKEECHOBEE, FL 34974 US

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: JENNIFER LAFFERTY 03/21/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 $\label{eq:pdecomposition} \mbox{Fitle:} \qquad \mbox{PD} \qquad \mbox{(X) Change ($)$ Addition}$

 Name:
 LAFFERTY, JÉNNIFER
 Name:
 LAFFERTY, JÉNNIFER

 Address:
 7285 SW 9TH STREET
 Address:
 7285 SW 9TH STREET

 City-St-Zip:
 OKEECHOBEE, FL 24974
 City-St-Zip:
 OKEECHOBEE, FL 34974

Title: VD () Delete Title: () Change () Addition

 Name:
 MONROE, CARL
 Name:

 Address:
 2540 NE 60TH COURT
 Address:

 City-St-Zip:
 OKEECHOBEE, FL 34972
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 RAYMAN, KAREN
 Name:

 Address:
 2528 NE 60TH COURT
 Address:

 City-St-Zip:
 OKEECHOBEE, FL 34972
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 EMMONDS, DEONNA
 Name:

 Address:
 598 SW NADELL AVENUE
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 34953
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEONNA EMMONDS T 03/21/2007