


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90095 044 \*\*\*\*61.25

**DOCUMENT # N04000008331**  
 1. Entity Name  
**OKEECHOBEE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 11901 NW 4TH ST      11901 NW 4TH ST  
 PLANTATION FL 33325      PLANTATION FL 33325

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

00010000



1st MOORE CR2E037 (10/04)

4. FEI Number  
**20-1307238**      Applied For  
 Not Applicable

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

GORMAN, ROBERT J  
 1209 DELAWARE AVE  
 FT PIERCE FL 34950

7. Name and Address of New Registered Agent  
 Name **DAVID SIMONS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11901 NW 4TH ST.**  
 City **PLANTATION FL FL** Zip Code **33325**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of person or printed name of registered agent and his, if applicable (NOTE: Registered Agent signature required when registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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

| TITLE | NAME                | STREET ADDRESS                             | CITY-ST-ZIP                        | <input type="checkbox"/> Delete |
|-------|---------------------|--|------------------------------------|---------------------------------|
| D     | HALL, DAVID         | 11901 NW 4TH ST                            | PLANTATION FL 33325                | <input type="checkbox"/>        |
| D     | TIMKO, PAUL         | 13511 NE 7TH TERRACE                       | OKEECHOBEE FL 34972                | <input type="checkbox"/>        |
| D     | BRANSTETTER, ROBERT | 2631 SE 24TH BLVD                          | OKEECHOBEE FL 34974                | <input type="checkbox"/>        |
| D     | BLAND, JULIAN       | 8 GORSE CLOSE - BRAMPTON BIERLON ROTHERHAM | S YORKSHIRE, ENGLAND S63-6HW       | <input type="checkbox"/>        |
| D     | HANKS, MARK         | 3 HOOBER VIEW - WOMBWELL BARNSELY          | SOUTH YORKSHIRE, ENGLAND S7390-0SH | <input type="checkbox"/>        |
| D     | PEREZ, SANTIAGO     | 6807 SW 48TH AVE                           | PALM CITY FARMS FL 34990           | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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: David Hall      Date 4/7/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #