


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000008331</b> 1. Entity Name <b>OKEECHOBEE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>11901 NW 4TH ST PLANTATION FL 33325</b>	Mailing Address <b>11901 NW 4TH ST PLANTATION FL 33325</b>	
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	



1st MOORE      CR2E037 (10/05)

4. FEI Number <b>20-1307238</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SIMMONS, DAVID 11901 NW 4TH STREET FORT LAUDERDALE FL 33325</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b>   Zip Code</span>

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE	D <input type="checkbox"/> Delete HALL, DAVID	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
NAME	HALL, DAVID	NAME	
STREET ADDRESS	11901 NW 4TH ST	STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33325	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete TIMKO, PAUL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMKO, PAUL	NAME	
STREET ADDRESS	13511 NE 7TH TERRACE	STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL 34972	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete BRANSTETTER, ROBERT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANSTETTER, ROBERT	NAME	
STREET ADDRESS	2631 SE 24TH BLVD	STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL 34974	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete BLAND, JULIAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAND, JULIAN	NAME	
STREET ADDRESS	8 GORSE CLOSE - BRAMPTON BIERLON ROTHERHAM	STREET ADDRESS	
CITY - ST - ZIP	S YORKSHIRE, ENGLAND S63 -6HW	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete HANKS, MARK	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKS, MARK	NAME	
STREET ADDRESS	3 HOOBER VIEW - WOMBWELL BARNESLEY	STREET ADDRESS	
CITY - ST - ZIP	SOUTH YORKSHIRE, ENGLAND S7390-0SH	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete PEREZ, SANTIAGO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, SANTIAGO	NAME	
STREET ADDRESS	6807 SW 48TH AVE	STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FARMS FL 34990	CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David Hall      **DAVID HALL**      4/28/06      954 805 5133