


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90100 007 ****61.25

DOCUMENT # N04000008331			
1. Entity Name OKEECHOBEE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 11901 NW 4TH ST PLANTATION FL 33325		Mailing Address 11901 NW 4TH ST PLANTATION FL 33325	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent SIMMONS, DAVID 11901 NW 4TH STREET FORT LAUDERDALE FL 33325 <i>(CHANGED)</i>		7. Name and Address of New Registered Agent Name: DAVID HALL Street Address (P.O. Box Number is Not Acceptable): 13015 NE 4TH TERR City: OKEECHOBEE FL Zip Code: 34972	
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: <i>David Hall</i>		DATE: 4/20/07	

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: HALL, DAVID STREET ADDRESS: 11901 NW 4TH ST CITY-ST-ZIP: PLANTATION FL 33325	<input type="checkbox"/> Delete	TITLE: DIRECTOR NAME: MARK GRINDSTAFF STREET ADDRESS: 13015 NE 4TH TERR. CITY-ST-ZIP: OKEECHOBEE FL 34972	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: TIMKO, PAUL STREET ADDRESS: 13511 NE 7TH TERRACE CITY-ST-ZIP: OKEECHOBEE FL 34972	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BRANSTETTER, ROBERT STREET ADDRESS: 2631 SE 24TH BLVD CITY-ST-ZIP: OKEECHOBEE FL 34974	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BLAND, JULIAN STREET ADDRESS: 8 GORSE CLOSE - BRAMPTON BIERLON ROTHERHAM CITY-ST-ZIP: S YORKSHIRE, ENGLAND S63-6HW	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HANKS, MARK STREET ADDRESS: 3 HOOBER VIEW - WOMBWELL BARNESLEY CITY-ST-ZIP: SOUTH YORKSHIRE, ENGLAND S7390-0SH	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PEREZ, SANTIAGO STREET ADDRESS: 6807 SW 48TH AVE CITY-ST-ZIP: PALM CITY FARMS FL 34990	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* DATE: **4/20/07** (954 805 5133)