


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N04000010854 1. Entity Name OK ACRES HOMEOWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 2206 S.W. 22ND CIRCLE OKEECHOBEE, FL 34974 | Mailing Address 2206 S.W. 22ND CIRCLE OKEECHOBEE, FL 34974 |
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| DO NOT WRITE IN THIS SPACE |
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03132007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 56-2504869 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent RENFRANZ, DONALD A 2206 SW 22ND CIRCLE SOUTH OKEECHOBEE, FL 34974 |
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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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP RENFRANZ, DONALD A 2206 SW 22ND CIRCLE SOUTH OKEECHOBEE, FL 34974 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS RENFRANZ, LISA H 2206 S.W. 22ND CIRCLE OKEECHOBEE, FL 34974 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP HALES, JOHN F 1958 SW 28TH AVENUE OKEECHOBEE, FL 45974 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HALES, PAMELA 1958 SW 28TH AVENUE OKEECHOBEE, FL 34974 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>U000000691979 04/13/07-80032-021 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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:  **4/3/07** **843 467 2930**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #