


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N04000010854	
1. Entity Name OK ACRES HOMEOWNERS ASSOCIATION, INC.	

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



03122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2504869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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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000000866407
04/08/08-80028-008 61.25

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: 	3-18-08	863-763-2678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #