
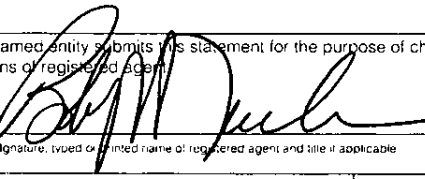
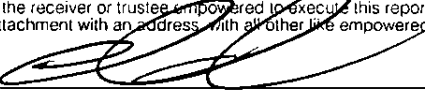


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FLORASSEE, FLORIDA

<b>DOCUMENT # N05000009310</b>						<b>FILED</b> <b>07 MAR 19 AM 7:48</b> <b>CLERK OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
1. Entity Name <b>ESTATES AT OKEECHOBEE PINES HOMEOWNERS ASSOCIATION, INC.</b>							
Principal Place of Business <b>104 NW 7TH AVENUE OKEECHOBEE, FL 34972</b>				Mailing Address <b>104 NW 7TH AVENUE OKEECHOBEE, FL 34972</b>			
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	
6. Name and Address of Current Registered Agent <b>TUCKER, BOBBY H 104 NW 7TH AVENUE OKEECHOBEE, FL 34972</b>				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 				3/12/07			
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$297.50</b>				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BRADY, FRANK J POST OFFICE BOX 536 OKEECHOBEE, FL 34973	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800095815728</b> <b>04/04/07--01047--010 \$297.50</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD BRADY, MARILYN H POST OFFICE BOX 536 OKEECHOBEE, FL 34973	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD TUCKER, BRANDON 104 NW 7TH AVENUE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: 				3/12/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			

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