

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000009310

1. Entity Name
ESTATES AT OKEECHOBEE PINES HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
18205 Biscayne Boulevard Suite 2213
Aventura, Florida 33160

Mailing Address
18205 Biscayne Boulevard Suite 2213
Aventura, Florida 33160

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

06192008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUCKER, BOBBY H
104 NW 7TH AVENUE
OKEECHOBEE, FL 34972

7. Name and Address of New Registered Agent

EISINGER, BROWN, LEWIS & FRANKEL, P.A.
ATTN: Dennis J. Eisinger, Esquire
4000 Hollywood Boulevard, Suite 265-S
Hollywood FL 33021

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADY, FRANK J POST OFFICE BOX 536 OKEECHOBEE, FL 34973	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRADY, MARILYN H POST OFFICE BOX 536 OKEECHOBEE, FL 34973	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUCKER, BRANDON 104 NW 7TH AVENUE OKEECHOBEE, FL 34972	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Cohen, Alan. 18205 Biscayne Boulevard Suite 2213 Aventura, Florida 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S Carpenter, Scott 18205 Biscayne Boulevard Suite 2213 Aventura, Florida 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,T Bergougnam, Luis 18205 Biscayne Boulevard Suite 2213 Aventura, Florida 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

000135371620

03/04/08-01035-017

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/25/08

954-658-8903

FILED

08 SEP-2 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

