**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06981** **(7)**

1. Corporation Name
**OKEECHOBEE RIVERBEND HOMEOWNERS ASSOCIATION, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JOHN R. COOK<br>202 NW 5TH AVENUE<br>OKEECHOBEE FL 34972-4140 | C/O JOHN R. COOK<br>202 NW 5TH AVENUE<br>OKEECHOBEE FL 34972-4140 |

3. Date Incorporated or Qualified: **01/07/1985**
3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

COOK, JOHN R.
202 NW 5TH AVENUE
OKEECHOBEE FL 33472
John R Cook

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☑ DELETE | 1.1 TITLE | P | ☐ Change ☐ Addition |
| NAME | SHRYOCK, ROY | | 1.2 NAME | Marker, James | |
| STREET ADDRESS | 1307 S. PARROT AVE. | | 1.3 STREET ADDRESS | 1307 S.Parrott Ave. #17 | |
| CITY-ST-ZIP | OKEECHOBEE FL | | 1.4 CITY-ST-ZIP | Okeechobee, Fl. | |
| TITLE | V | ☑ DELETE | 2.1 TITLE | V | ☐ Change ☐ Addition |
| NAME | MARKER, JAMES | | 2.2 NAME | Marker, Charles | |
| STREET ADDRESS | 1307 S. PARROTT AVE | | 2.3 STREET ADDRESS | 1307 S. Parrott Ave. #59A | |
| CITY-ST-ZIP | OKEECHOBEE FL | | 2.4 CITY-ST-ZIP | Okeechobee, Fl. | |
| TITLE | ST | ☑ DELETE | 3.1 TITLE | ST | ☐ Change ☐ Addition |
| NAME | MARKER, CHARLES | | 3.2 NAME | Shryock, Roy | |
| STREET ADDRESS | 1307 S/ PARROTT AVE. | | 3.3 STREET ADDRESS | 1307 S. Parrott Ave. | |
| CITY-ST-ZIP | OKEECHOBEE FL | | 3.4 CITY-ST-ZIP | Okeechobee, Fl. | |
| TITLE | D | ☑ DELETE | 4.1 TITLE | D | ☐ Change ☐ Addition |
| NAME | BARKER DONN | | 4.2 NAME | Reynolds, Ted | |
| STREET ADDRESS | 1307 S. PARROTT AVENUE | | 4.3 STREET ADDRESS | 1307 S. Parrott Ave. | |
| CITY-ST-ZIP | OKEECHOBEE FL | | 4.4 CITY-ST-ZIP | Okeechobee, Fl. | |
| TITLE | D | ☑ DELETE | 5.1 TITLE | D | ☐ Change ☐ Addition |
| NAME | REYNOLDS, TED | | 5.2 NAME | Billing, Harold | |
| STREET ADDRESS | 1307 S. PARROTT AVENUE | | 5.3 STREET ADDRESS | 1307 S. Parrott Ave. | |
| CITY-ST-ZIP | OKEECHOBEE FL | | 5.4 CITY-ST-ZIP | Okeechobee, Fl. | |
| TITLE | D | ☑ DELETE | 6.1 TITLE | D | ☐ Change ☐ Addition |
| NAME | BILLING, HAROLD | | 6.2 NAME | Morgan, Larry | |
| STREET ADDRESS | 1307 W. PARROTT AVENUE | | 6.3 STREET ADDRESS | 1307 S. Parrott Ave. | |
| CITY-ST-ZIP | OKEECHOBEE FL | | 6.4 CITY-ST-ZIP | Okeechobee, Fl. | |

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Charles W Marker CHARLES W MARKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 17, 1996 Date 467-7467 Daytime Phone #