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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 202 NW 5TH AVENUE OKEECHOBEE FL 34972-4140	C/O JOHN R. COOK 202 NW 5TH AVENUE OKEECHOBEE FL 34972-4140

3. Date Incorporated or Qualified: **01/07/1985**
3a. Date of Last Report: **06/25/1996**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | 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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARKER, JAMES		1.2 NAME		
STREET ADDRESS	1307 S PARROTT AVE LT 17		1.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARKER, CHARLES		2.2 NAME		
STREET ADDRESS	1307 S PARROTT AVE LT 59A		2.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHRYOCK, ROY		3.2 NAME		
STREET ADDRESS	1307 S PARROTT AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, TED		4.2 NAME		
STREET ADDRESS	1307 S PARROTT AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BILLING, HAROLD		5.2 NAME		
STREET ADDRESS	1307 S PARROTT AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, LARRY		6.2 NAME		
STREET ADDRESS	1307 S PARROTT AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE Tony Shryock January 10, 1997 941 4675398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0071341