1-24-97 B- 073) - NC FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

OKEECHOBEE RIVERBEND HOMEOWNERS ASSOCIATION, INC

Suite, Apt #, etc. Suite, Apt #, etc. City & State City	Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·			HIBI #1841 WID	II OFOH DIOH	
Date Decopposate of Coulties Decopposate of Country Applied For Applied For OB/267/1986 Applied For OB/267/1986	202 NW 5TH A	VENUE	202 NW 5TH AVENUE	40					
Sulto, Apt #, etc. 28	ORECHOBEE	FE 349/2-4140	ORECOHODEE PL 3487241	- •∪ -{		3. Date incorporated or Qualified 01/07/1985			
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal P	race of Business	<u>├</u> ─┐ <u> </u>				•		
2p Country Zip Country Sip Rod Control Country Sip Rod Country	Suite, Apt	#, etc.				5. Certificate of Status Desired		\$8.75	Additional
BALLER DELETE 20 30 Florida Statutes 10 Name and Address of New Registered Agent 10. Name and Name agent Address of New Registered Agent 10. Name and Name agent Agent 10. Name agent 10. Nam	City & Stat	в	<u>├</u>						
COOK, JOHN R. 202 NW 5TH AVENUE OKEECHOBEE FL 33472 82 Street Address (P.O. Box Number is Not Acceptable) 83 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Substitutes. In the State of Florida Stude change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I are familiar with, and accept the obligations of. Section 17 5003, Florida Studutes. 83 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. OFFICERS AND DIRECTORS 17. IN THE 18. MARKER, JAMES 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. OKEECHOBEE FL 10. OKEECHOBEE FL 10. OKEECHOBEE FL 10. OKEECHOBEE FL 10. ORLETT 10. ORLETT 11. ORLETT 10. O	Zıp 24	25	29		intry	· ·			s. 199.032,
COOK, JOHN R. 202 RW 5TH AVENUE OKECHOBEE FL 33472 88 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 atatement for the purpose of changing its registered agent an armalism with, and accept the obligations of. Section 517 503. Florida Statutes. SIGNATURE Parsuant to the provisions of Sections 617,0502 and 617 1508. Florida Statutes. The above-named corporation submits this atatement for the purpose of changing its registered office or registered agent. an armalism with, and accept the obligations of. Section 517 503. Florida Statutes. SIGNATURE Parsuant 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 accept the obligations of. Section 517 503. Florida Statutes. The appointment as registered agent to the provisions of purpose of changing its registered office or registered accept the appointment as registered agent to the provisions of purpose of changing its registered office or registered agent to the purpose of changing its registered agent to the purpose of changing its registered agent to the corporations board of directors. I hereby accept the appointment as registered agent to the corporations board of directors. I hereby accept the appointment as registered agent to the corporations board of directors. I hereby accept the appointment as registered agent to the corporation submits this statement for the purpose of changing its registered agent to the corporation submits this statement for the corporations board of directors. I hereby accept the appointment as registered agent to the corporation submits this statement for the corporation submits t		9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered A	gent	
OKECHOBEE R. 33472 B3			4		81 Name				
Section City FL Sections					82 Street Address (P.O. Box Number is Not Acceptable)				
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 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, and marrial with, and accept the obligitions of Section 617,0503, Florida Statutes. SIGNATURE Signature Sequence required agent and their applicable. (POTE Registered Agent algebrate required affect in a property of the purpose of changing its registered agent. In an arm and agent to the purpose of changing its registered agent. In a marrial with an accept the obligations of Section 617,0503, Florida Statutes. SIGNATURE Signature Sequence from the facility of the applicable operation in a supplication of the Section 617,0503, Florida Statutes. In a supplication of the complete of the purpose of changing its registered agent. In a supplication of the complete of the purpose of changing its registered agent. In a supplication of the complete of the purpose of changing its registered agent. In a supplication of the complete of the complete of the purpose of changing its registered agent. In a supplication of the complete of					83				
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, an armalizar with, and accept the obligations of. Section 617/503, Bridge Statutes. Signature Signature typed or period name of registered agent and their displacetis. NOTE Registered Agent agentium required when remaining DATE					- "				
SIGNATURE Synthet typed or printed name of registroal agent and life if applicable POTE Registered Agent eignature required when reinationing DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P	11. Pursuant office or r	to the provisions of Sections 617.05 egistered agent, or both, in the State of familiar with, and accept the oblight	02 and 617.1508, Florida Statute e of Florida. Such change was a valions of Section 617.0503. Flo	s, the a uthorize	bove-named cor d by the corpora lutes	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of our out the appointment	changing intment as	its registered s registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12 2 2 2 2 2 2 2 2	SIGNATURE								
ITILE MARKER, JAMES DELETE 1.1 TITLE Change Addition			· · · · · · · · · · · · · · · · · · ·		Q Agent signature requ			DIRECTO	DS IN 12
NAME SIRRET ADDRESS 1307 S PARROTT AVE LT 17 OKEECHOBEE FL NAME MARKER, CHARLES SIRRET ADDRESS 1307 S PARROTT AVE LT 59A OKEECHOBEE FL ST OKEECHOBEE FL AMAME SIRRET ADDRESS OKEECHOBEE FL ST OKEECHOBEE FL ST OKEECHOBEE FL ST OKEECHOBEE FL AMAME SHRYOCK, ROY SIRRET ADDRESS OKEECHOBEE FL ST OKEECHOBEE FL AMAME SHRYOCK, ROY SIRRET ADDRESS OKEECHOBEE FL AMAME SHRYOCK, ROY SIRRET ADDRESS OKEECHOBEE FL AMAME SHRYOCK, ROY SIRRET ADDRESS OKEECHOBEE FL AMAME SIRRET ADDRESS OKEECHOBEE FL AMAME SIRRET ADDRESS OKEECHOBEE FL AMAME SIRRET ADDRESS OKEECHOBEE FL SITTLE D OKEECHOBEE FL AMAME SIRRET ADDRESS OKEECHOBEE FL SITTLE D OKEECHOBEE FL SITTLE SITTLE OKEECHOBEE FL SITTLE SITTLE OKEECHOBEE FL SITTLE SITTLE SITTLE D OKEECHOBEE FL SITTLE SITTLE OKEECHOBEE FL SITTLE SITTLE SITTLE SITTLE D OKEECHOBEE FL SITTLE SITTLE SITTLE OKEECHOBEE FL SITTLE SITTLE SITTLE SITTLE SITTLE D OKEECHOBEE FL SITTLE SITTLE SITTLE SITTLE SITTLE Change Addition Addition Addition ACITY-SI-ZIP OKEECHOBEE FL SITTLE SITTLE SITTLE SITTLE SITTLE SITTLE Change Addition ACITY-SI-ZIP OKEECHOBEE FL SITTLE SIT				_	TLE I	ADDITIONS/GHANGES TO GITTE			
STREET ADDRESS OKECHOBEE FL OKE		MARKER, JAMES	_			₩.			
CITY-SIT-ZIP OKEECHOBEE FL 1.4 CITY-SIT-ZIP OKEECHOBEE FL 1.4 CITY-SIT-ZIP OKEECHOBEE FL 2.2 NAME 2.3 STREET ADDRESS CITY-SIT-ZIP OKEECHOBEE FL 2.4 CITY-SIT-ZIP OKEECHOBEE FL 2.4 CITY-SIT-ZIP OKEECHOBEE FL 2.4 CITY-SIT-ZIP OKEECHOBEE FL 3.1 TITLE ST 130.7 S PARROTT AVE 130.7 S PARROTT AVE 3.3 STREET ADDRESS OKEECHOBEE FL 3.4 CITY-SIT-ZIP OKEECHOBEE FL 3.4 CITY-SIT-ZIP OKEECHOBEE FL 3.4 CITY-SIT-ZIP OKEECHOBEE FL 4.1 TITLE D Change Addition A			7						
TITLE V DELETE 21 TITLE CANNE Addition NAME MARKER, CHARLES 22 NAME STREET ADDRESS 1307 S PARROTT AVE LT 59A OKEECHOBEE FL 24 CITY-ST-ZIP OKEECHOBEE FL 31 TITLE CHARGE STREET ADDRESS 1307 S PARROTT AVE 33 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34 CITY-ST-ZIP TITLE D OLELTE 31 TITLE CHARGE Addition NAME SHRYOCK, ROY 32 NAME 33 STREET ADDRESS OKEECHOBEE FL 34 CITY-ST-ZIP TITLE D CHARGE Addition NAME REYNOLDS, TED 42 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 44 CITY-ST-ZIP TITLE D CHARGE Addition NAME BILLING, HAROLD 52 NAME STREET ADDRESS 1307 S PARROTT AVE 53 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 44 CITY-ST-ZIP TITLE D CHARGE Addition NAME BILLING, HAROLD 52 NAME STREET ADDRESS 1307 S PARROTT AVE 53 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 51 TITLE CHARGE Addition NAME BILLING, HAROLD 52 NAME STREET ADDRESS 1307 S PARROTT AVE 53 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 51 TITLE CHARGE Addition NAME MORGAN, LARRY 53 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 53 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 54 STITLE NAME MORGAN, LARRY 62 NAME STREET ADDRESS 1307 S PARROTT AVE 63 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 54 STITLE 10 CHARGE ADDRESS CITY-ST-ZIP OKEECHOBEE FL 10 CHARGE ADDRESS			•						
STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 2 4 CITY-ST-ZIP TITLE ST ST DELETE 31 TITLE ST SHRYOCK, ROY 32 NAME SHRYOCK, ROY 32 NAME SHRYOCK, ROY 33 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34 CITY-ST-ZIP TITLE D D DELETE 41 TITLE D DELETE 41 TITLE D DELETE 51 TITLE D D D D D D D D D D D D D D D D D D D			DELETE		······································			Change	Addition
STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 2 4 CITY-ST-ZIP TITLE ST ST DELETE 31 TITLE ST SHRYOCK, ROY 32 NAME SHRYOCK, ROY 32 NAME SHRYOCK, ROY 33 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34 CITY-ST-ZIP TITLE D D DELETE 41 TITLE D DELETE 41 TITLE D DELETE 51 TITLE D D D D D D D D D D D D D D D D D D D	NAME	MARKER, CHARLES		2.2 N	AME		•		_
CITY-ST-ZIP OKEECHOBEE FL ST DELETE 31 TITLE ST Change Addition NAME SHRYOCK, ROY 32 NAME STREET ADDRESS OKEECHOBEE FL OKEECHOBEE FL Addition NAME REYNOLDS, TED DELETE ADDITICE D DELETE ADDITICE D DELETE ADDITICE ADDITICE D DELETE STITLE STITLE D DELETE STITLE D DELETE STITLE STITLE D D DELETE STITLE STITLE D D D D D D D D D D D D D			9A						
TITLE ST DELETE 31 TITLE 32 Addition NAME SHRYOCK, ROY 32 NAME STREET ADDRESS OKEECHOBEE FL 34, CITY-ST-ZIP TITLE D D DELETE 41 TITLE Change Addition NAME REYNOLDS, TED 42 NAME STREET ADDRESS 1307 S PARROTT AVE 43 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 44 CITY-ST-ZIP TITLE D D DELETE 51 TITLE Change Addition NAME BILLING, HAROLD 52 NAME STREET ADDRESS 1307 S PARROTT AVE 53 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 54 CITY-ST-ZIP TITLE D D DELETE 51 TITLE Change Addition NAME BILLING, HAROLD 52 NAME STREET ADDRESS 1307 S PARROTT AVE 53 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 54 CITY-ST-ZIP TITLE D D DELETE 51 TITLE Change Addition NAME NORGAN, LARRY 63 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 61 TITLE Change Addition NAME NORGAN, LARRY 63 STREET ADDRESS TITLE D Change Addition NAME NORGAN, LARRY 63 STREET ADDRESS TITLE D CHANGE Addition NAME NORGAN, LARRY 63 STREET ADDRESS TITLE D CHANGE Addition NAME NORGAN TO THE NEW	CITY-ST-ZIP		• •	1					
SHRYOCK, ROY STREET ADDRESS 1307 S PARROTT AVE OKEECHOBEE FL 34. CITY-ST-ZIP TITLE D Change Addition NAME REYNOLDS, TED 1307 S PARROTT AVE AS STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 42 NAME STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 44 CITY-ST-ZIP TITLE D Change Addition NAME BILLING, HAROLD STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 52 NAME STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 63 STREET ADDRESS TITLE D Change Addition Addition NAME BILLING, HAROLD STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 61 TITLE D Change Addition Addition AME MORGAN, LARRY 62 NAME 63 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 64 CITY-ST-ZIP 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 ennual report or supplemental annual report is true and accurate and that mry 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 Chanter 617. Florida Statutes. I further removement or and the my removement of the properties or trustee mode ment to execute this report as required by Chanter 617. Florida Statutes. I further removement or and the my removement of the properties or trustee mode ment to execute this report as required by Chanter 617. Florida Statutes. In that my removement is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 617. Florida Statutes and that my name			☐ DELETE					Change	Addition
STREET ADDRESS CITY - ST - ZIP TITLE D CRECCHOBEE FL JA CITY - ST - ZIP TITLE D CRECCHOBEE FL JA CITY - ST - ZIP TITLE D CRECCHOBEE FL JA CITY - ST - ZIP TITLE D CRECCHOBEE FL JA CITY - ST - ZIP TITLE D CRECCHOBEE FL JELETE STREET ADDRESS CITY - ST - ZIP TITLE D CRECCHOBEE FL JELETE STREET ADDRESS CITY - ST - ZIP TITLE D CRECCHOBEE FL JELETE STREET ADDRESS CITY - ST - ZIP TITLE D CRECCHOBEE FL JELETE STREET ADDRESS CITY - ST - ZIP TITLE D CRECCHOBEE FL STREET ADDRESS CITY - ST - ZIP TITLE D CRECCHOBEE FL STREET ADDRESS CITY - ST - ZIP TITLE D CRECCHOBEE FL STREET ADDRESS CITY - ST - ZIP TITLE D CRECCHOBEE FL STREET ADDRESS CITY - ST - ZIP TITLE D CRECCHOBEE FL STREET ADDRESS CITY - ST - ZIP CRECCHOBEE FL STREET ADDRESS TITLE STREET ADDRESS TOWN - ST - ZIP THE CRECCHOBEE FL STREET ADDRESS TOWN - ST - ZIP THE CRECCHOBEE FL STREET ADDRESS TOWN - ST - ZIP THE CRECCHOBEE FL STREET ADDRESS TOWN - ST -	NAME			3.2 N	AME				_
CITY-ST-2IP OKEECHOBEE FL JOURNAME REYNOLDS, TED Addition NAME REYNOLDS, TED AS STREET ADDRESS TITLE D OKEECHOBEE FL ALCHTY-ST-2IP OKEECHOBEE FL ALCHTY-ST-2IP TITLE D OKEECHOBEE FL ALCHTY-ST-2IP TITLE D OKEECHOBEE FL STREET ADDRESS STREET ADDRESS TITLE D OKEECHOBEE FL SA CITY-ST-2IP OKEECHOBEE FL SA STREET ADDRESS TITLE D Addition NAME MORGAN, LARRY STREET ADDRESS TOY S PARROTT AVE SA STREET ADDRESS SA STREET ADDRESS TOY S PARROTT AVE SA CITY-ST-2IP OKEECHOBEE FL SA CITY-ST-2IP OKEECHOBEE FL SA CITY-ST-2IP TITLE SA CITY-ST-2IP TITLE SA CITY-ST-2IP TITLE SA CITY-ST-2IP TITLE TO Change Addition ADDRESS TOY S PARROTT AVE SA STREET ADDRESS SA STREET ADDRESS SA STREET ADDRESS TOY S PARROTT AVE SA CITY-ST-2IP TO CHANGE STREET ADDRESS TOY S PARROTT AVE SA CITY-ST-2IP TO CHANGE STREET ADDRESS TOY S PARROTT AVE SA CITY-ST-2IP TO CHANGE STREET ADDRESS TOY S PARROTT AVE SA CITY-ST-2IP TO CHANGE ADDRESS ADDRESS TOY S PARROTT AVE SA CITY-ST-2IP TO CHANGE ADDRESS ADDRESS TOY S PARROTT AVE SA CITY-ST-2IP TO CHANGE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	STREET ADDRESS			3.3 \$	TREET ADDRESS			•	
TITLE D DELETE 4.1 TITLE DELETE 4.1 TITLE Addition NAME REYNOLDS, TED 4.2 NAME STREET ADDRESS 1307 S PARROTT AVE 4.3 STREET ADDRESS CITY - ST - ZIP TITLE D D DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS STREET ADDRESS 1307 S PARROTT AVE 5.3 STREET ADDRESS CITY - ST - ZIP TITLE D D DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE D Change Addition NAME MORGAN, LARRY 6.2 NAME STREET ADDRESS 1307 S PARROTT AVE 6.3 STREET ADDRESS CITY - ST - ZIP TITLE D C D DELETE 6.1 TITLE 6.3 STREET ADDRESS CITY - ST - ZIP THE D D DELETE 6.1 TITLE CANAME STREET ADDRESS 1307 S PARROTT AVE 6.3 STREET ADDRESS CITY - ST - ZIP 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	CITY - ST - ZIP			1	1				
STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL D D DELETE S1 TITLE D STREET ADDRESS THEET ADDRESS STREET ADDRESS THEET ADDRESS CITY-ST-ZIP OKEECHOBEE FL S2 NAME S3 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL S4 CITY-ST-ZIP D D DELETE S1 TITLE D Change Addition Addition Change Addition			☐ DELETE					Change	Addition
STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL D D DELETE S1 TITLE D STREET ADDRESS THEET ADDRESS STREET ADDRESS THEET ADDRESS CITY-ST-ZIP OKEECHOBEE FL S2 NAME S3 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL S4 CITY-ST-ZIP D D DELETE S1 TITLE D Change Addition Addition Change Addition	NAME	REYNOLDS, TED		4.2 N	IAME			-	
CITY-ST-ZIP OKEECHOBEE FL D OKEECHOBEE FL DELETE 5.1 TITLE D STREET ADDRESS 1307 S PARROTT AVE 5.3 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 5.4 CITY-ST-ZIP OKEECHOBEE FL 5.4 CITY-ST-ZIP OKEECHOBEE FL 6.1 TITLE D Change Addition Addition 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 OKEECHOBEE FL 6.5 TITLE 6.5 TITL	STREET ADDRESS			4.3 S	TREET ADDRESS	are was server			
TITLE D DELETE 5.1 TITLE D 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 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 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 signature shall have the same legal effect as if made under oath; that				1	•				
STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 5.4 CITY-ST-ZIP OKEECHOBEE FL 5.4 CITY-ST-ZIP OKEECHOBEE FL 5.4 CITY-ST-ZIP OKEECHOBEE FL 6.1 TITLE MORGAN, LARRY 6.2 NAME 5.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 6.4 CITY-ST-ZIP OKEECHOBEE FL 6.4 CITY-ST-ZIP 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	TITLE		DELETE				1	Change	Addition
CITY-SI-ZIP OKEECHOBEE FL 54 CITY-SI-ZIP TITLE D Change Addition MORGAN, LARRY 62 NAME 51 TITLE 62 NAME 63 STREET ADDRESS CITY-SI-ZIP OKEECHOBEE FL 64 CITY-SI-ZIP 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	NAME	BILLING, HAROLD		5.2 N	AME				
TITLE D DELETE 61 TITLE 62 Addition NAME MORGAN, LARRY 52 NAME 1307 S PARROTT AVE 63 STREET ADDRESS CITY-ST-ZIP 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	STREET ADDRESS	1307 S PARROTT AVE		5.3 S	TREET ADDRESS				
NAME MORGAN, LARRY 1307 S PARROTT AVE 1307 S PARROTT AVE 63 STREET ADDRESS CITY-ST-ZIP 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	CITY-ST-ZIP	OKEECHOBEE FL		5.4 C	TY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP OKECHOBEE FL 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. If 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	TITLE		DELETE	6.1 TI	TLE		T T	Change	Addition
CITY-ST-ZIP OKEECHOBEE FL 6.4 CITY-ST-ZIP 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	NAME	MORGAN, LARRY		6.2 N	AME				
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	STREET ADDRESS			6.3 ST	FREET ADDRESS				
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									
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	14. I do heret	by certify that the information supplied in indicated on this appual report or	ed with this filing does not qualify	for the	exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify that	t the
	l am an o	fficer or director of the corporation o	r the receiver or trustee empower	ared to e	execute this repo	ort as required by Chapter 617, Florida S	tatutes; an	d that my	name

SIGNATURE:

FILED

Jan 24 1997 8:00am

Secretary of State