FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # N06981** 1. Entity Name OKEECHOBEE RIVERBEND HOMEOWNERS ASSOCIATION, INC. 04-02-2001 90276 039 ****61.25 Principal Place of Business Mailing Address C/O JOHN R. COOK C/O JOHN R. COOK 202 NW 5TH AVENUE 202 NW 5TH AVENUE OKEECHOBEE FL 34972-4140 OKEECHOBEE FL 34972-4140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable. Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) COOK, JOHN R. 202 NW 5TH AVENUE **OKEECHOBEE FL 33472** City 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. SIGNATURE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ■ Addition TITLE Delete TITLE Change MARKER, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 1307 S PARROTT AVE LT 17 CITY-ST-7IF CITY-ST-7IP OKEECHOBEE FL TITLE Delete TITLE ☐ Change ☐ Addition .BUZAN., WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 1307 S PARROTT AVE LOT 63 CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL TITLE ST ☐ Delete TITLE □1 Change ☐ Addition SHRYOCK, ROY NAME NAME STREET ADDRESS 1307 \$ PARROTT AVE STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL CITY-ST-ZIP ☐ Addition TITLE Detete TITLE □ Change ADLIAN, MICHAELS M NAME NAME STREET ADDRESS STREET ADDRESS 1307 S PARROTT AVE.LOT 30B CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL TITLE Delete ☐ Change ☐ Addition NAME LUCAS, ROSIE NAME STREET ADDRESS 1307 S PARROTT AVE LOT 61 STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME MORGAN, LARRY NAME STREET ADDRESS 1307 S PARROTT AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 12. I 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 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: ROLL STATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR