

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90034 015 ****61.25

DOCUMENT # N06981

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



Principal Place of Business

1307 S. PARROT AVE
LOT ~~3~~ **3**
OKEECHOBEE, FL 34974

Mailing Address

1307 S. PARROT AVE
LOT ~~3~~ **3**
OKEECHOBEE, FL 34974

DO NOT WRITE IN THIS SPACE



01132006 No Chg-NP CR2E037 (11/05)

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

~~POOR, BILL T~~ **FRANKS, CHARLES**
1307 S PARROTT AVE
LOT ~~3~~ **66**
OKEECHOBEE, FL 34974

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POOR, BILL T
STREET ADDRESS	1307 S PARROTT AVE LT 35
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	VR
NAME	TODD, KENNY
STREET ADDRESS	1307 S. PARROTT AVE #11
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	ST
NAME	ABBOTT, KEITH
STREET ADDRESS	1307 S PARROTT AVE LT 28
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	P
NAME	FRANKS, CHARLES
STREET ADDRESS	1307 S. PARROTT AVE. #66
CITY-ST-ZIP	OKEECHOBEE, FL. 34974
TITLE	VP
NAME	PIERCE, DAVID
STREET ADDRESS	1307 S. PARROTT AVE #59
CITY-ST-ZIP	OKEECHOBEE, FL. 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Charles Franks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES FRANKS

3-25-06

Date

Daytime Phone #