


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90043 040 ****61.25

DOCUMENT # N06981 1. Entity Name OKEECHOBEE RIVERBEND HOMEOWNERS ASSOCIATION, INC.																																																																																																																																									
Principal Place of Business 1307 S. PARROT AVE LOT 3 OKEECHOBEE, FL 34974			Mailing Address 1307 S. PARROT AVE LOT 3 OKEECHOBEE, FL 34974																																																																																																																																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																							
City & State Zip		City & State Zip		4. FEI Number 08242007, Chg-NP CR2E037 (12/06) NOT APPLICABLE																																																																																																																																					
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent FRANKS, CHARLES 1307 S PARROTT AVE LOT 66 OKEECHOBEE, FL 34974				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																					
Make check payable to Florida Department of State																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FRANKS, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1307 S. PARROT AVE #66</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OKEECHOBEE, FL 34974</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PIERCE, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1307 S. PARROT AVE #59</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OKEECHOBEE, FL 34974</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ABBOTT, KEITH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1307 S PARROTT AVE LT 28</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OKEECHOBEE, FL 34974</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ROBERT GEYER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1307 S. PARROT AVE #64</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OKEECHOBEE, FL 34974</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	FRANKS, CHARLES		STREET ADDRESS	1307 S. PARROT AVE #66		CITY-ST-ZIP	OKEECHOBEE, FL 34974		TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	PIERCE, DAVID		STREET ADDRESS	1307 S. PARROT AVE #59		CITY-ST-ZIP	OKEECHOBEE, FL 34974		TITLE	ST	<input type="checkbox"/> Delete	NAME	ABBOTT, KEITH		STREET ADDRESS	1307 S PARROTT AVE LT 28		CITY-ST-ZIP	OKEECHOBEE, FL 34974		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	ROBERT GEYER		STREET ADDRESS	1307 S. PARROT AVE #64		CITY-ST-ZIP	OKEECHOBEE, FL 34974		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																																																																																																																																							
NAME	FRANKS, CHARLES																																																																																																																																								
STREET ADDRESS	1307 S. PARROT AVE #66																																																																																																																																								
CITY-ST-ZIP	OKEECHOBEE, FL 34974																																																																																																																																								
TITLE	VP	<input checked="" type="checkbox"/> Delete																																																																																																																																							
NAME	PIERCE, DAVID																																																																																																																																								
STREET ADDRESS	1307 S. PARROT AVE #59																																																																																																																																								
CITY-ST-ZIP	OKEECHOBEE, FL 34974																																																																																																																																								
TITLE	ST	<input type="checkbox"/> Delete																																																																																																																																							
NAME	ABBOTT, KEITH																																																																																																																																								
STREET ADDRESS	1307 S PARROTT AVE LT 28																																																																																																																																								
CITY-ST-ZIP	OKEECHOBEE, FL 34974																																																																																																																																								
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																							
NAME	ROBERT GEYER																																																																																																																																								
STREET ADDRESS	1307 S. PARROT AVE #64																																																																																																																																								
CITY-ST-ZIP	OKEECHOBEE, FL 34974																																																																																																																																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
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: <u>KEITH ABBOTT</u> <u>SEP 11/07</u> <u>0/24/07</u> <u>502-227-3824</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									