


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90059 021 ****61.25

DOCUMENT # N31882	
1. Entity Name	
OVERLOOK ESTATES EAST PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
P O BOX 1773 WINTER HAVEN FL 33882-8773	P O BOX 1773 WINTER HAVEN FL 33882-8773



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-1779393	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KEPLINGER, BARBARA L 746 SANTA MARIA DRIVE WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara L. Keplinger Barbara L. Keplinger 2/2/06
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when requesting) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	SEYMOUR, TOM
STREET ADDRESS	702 SANTA MARIA DR.
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	S <input type="checkbox"/> Delete
NAME	BATES, LYNN
STREET ADDRESS	756 SANTA MARIA DR.
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	TD <input type="checkbox"/> Delete
NAME	KEPLINGER, BARBARA L
STREET ADDRESS	746 SANTA MARIA DRIVE
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SEYMOUR, TOM
STREET ADDRESS	702 SANTA MARIA DR.
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Putney, Charlie
STREET ADDRESS	722 Santa Maria Drive
CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Putney, Charlie
STREET ADDRESS	722 Santa Maria Drive
CITY-ST-ZIP	Winter Haven, FL 33884
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 Section 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: Barbara L. Keplinger Barbara L. Keplinger 2/2/06 863-324-2130