



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90173 042 ****61.25

DOCUMENT # N31882						
1. Entity Name OVERLOOK ESTATES EAST PROPERTY OWNERS ASSOCIATION, INC.						
Principal Place of Business P O BOX 1773 WINTER HAVEN, FL 33882-8773			Mailing Address P O BOX 1773 WINTER HAVEN, FL 33882-8773			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152007 Chg-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-1779393		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
KEPLINGER, BARBARA L 746 SANTA MARIA DRIVE WINTER HAVEN, FL 33884				Name <u>Nancy Jesse</u> Street Address (P.O. Box Number is Not Acceptable) <u>728 Santa Maria Dr.</u> City <u>Winter Haven</u> FL Zip Code <u>33884</u>		
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 <u>Nancy Jesse</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-15-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 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		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME PUTNEY, CHARLIE STREET ADDRESS 722 SANATA MARIA DR CITY-ST-ZIP WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			TITLE P NAME Thomas C. Jesse STREET ADDRESS 728 Santa Maria Dr. CITY-ST-ZIP Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BATES, LYNN STREET ADDRESS 756 SANTA MARIA DR. CITY-ST-ZIP WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			TITLE S NAME Janet Kerstein STREET ADDRESS 752 Santa Maria Dr. CITY-ST-ZIP Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME KEPLINGER, BARBARA L STREET ADDRESS 746 SANTA MARIA DRIVE CITY-ST-ZIP WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			TITLE TD NAME Nancy Jesse STREET ADDRESS 728 Santa Maria Dr. CITY-ST-ZIP Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PUTNEY, CHARLIE STREET ADDRESS 722 SANTA MARIA DR CITY-ST-ZIP WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			TITLE D NAME Ann Seymour STREET ADDRESS 702 Santa Maria Dr. CITY-ST-ZIP Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Nancy Jesse</u> <u>Nancy Jesse</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-15-07</u> Daytime Phone # <u>863-665-3559</u>		