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FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000003148 (4)

1. Corporation Name

PLAYGROUND PALS OF OKEECHOBEE, INC.

Principal Place of Business

Mailing Address

1005 SW 13 ST  
OKEECHOBEE FL 34974

1005 SW 13 ST  
OKEECHOBEE FL 34974



3. Date Incorporated or Qualified

07/06/1993

4. FEI Number

65-0419422

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NEAL, ROBERT E  
1005 SW 13 ST  
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Robert E Neal*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
P  
NEAL, ROBERT E  
STREET ADDRESS  
1005 SW 13 ST  
CITY-ST-ZIP  
OKEECHOBEE FL

TITLE ☐ DELETE

NAME  
T  
NEAL, JOANNE  
STREET ADDRESS  
1005 SW 13 ST  
CITY-ST-ZIP  
OKEECHOBEE FL

TITLE ☐ DELETE

NAME  
T  
DUKE, KAY  
STREET ADDRESS  
10130 SE 126 BLVD  
CITY-ST-ZIP  
OKEECHOBEE FL

TITLE ☐ DELETE

NAME  
T  
MEARS, C W  
STREET ADDRESS  
2622 SE 47 TERR  
CITY-ST-ZIP  
OKEECHOBEE FL

TITLE ☐ DELETE

NAME  
TT  
DEWITT, ANITA  
STREET ADDRESS  
3728 SW 13 TERR  
CITY-ST-ZIP  
OKEECHOBEE FL

TITLE ☐ DELETE

NAME  
T  
BERMEA, CANDICE  
STREET ADDRESS  
622 NW 29 TERR  
CITY-ST-ZIP  
OKEECHOBEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert E Neal* Robert E Neal 5-1-98 941-467-2773

CR2E037 (10/97)