

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32016

Entity Name: LAKE OKEECHOBEE AIRBOAT ASSOCIATION, INC.**Current Principal Place of Business:**JEFF BROCKWAY
10186 N.E. 17TH LANE
OKEECHOBEE, FL 34974**Current Mailing Address:**P.O. BOX 30
OKEECHOBEE, FL 34973-0030 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROCKWAY, JEFF
10186 N.E. 17TH LANE
OKEECHOBEE, FL 34974 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title VPD
Name PATTISON, HOWDY
Address 11199 SW WARFIELD BLVD.
City-State-Zip: INDIANTOWN FL 34956Title S
Name HOWELL, JIMMY
Address 1114 SW 9TH STREET
City-State-Zip: OKEECHOBEE FL 34972Title T
Name AUNSPAUGH, SHARON
Address 7984 SW 13TH STREET
City-State-Zip: OKEECHOBEE FL 34974Title PD
Name BROCKWAY, JEFF
Address 10186 N.E. 17TH LANE
City-State-Zip: OKEECHOBEE FL 34974Title D
Name JOHNSON, JIMMY
Address 251 NE 80TH AVENUE
City-State-Zip: OKEECHOBEE FL 34972Title D
Name VALLEE, TOMMY
Address 30144 E SR 78
City-State-Zip: OKEECHOBEE FL 34974

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON AUNSPAUGH**TREASURER****04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date