

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # **734394** (0)

1. Corporation Name

ORANGE BLOSSOM GARDENS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

**617 WEBB WAY
LADY LAKE FL 32159
US**

Mailing Address

**617 WEBB WAY
LADY LAKE FL 32159
US**



3. Date Incorporated or Qualified
11/20/1975

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 1621 Lauren Lane
Suite, Apt. #, etc.

26 1621 Lauren Lane
Suite, Apt. #, etc.

4. FEI Number
59-1860432

Applied For
Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Lady Lake FL

28 Lady Lake, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 32159
Zip

25 US
Country

29 32159
Zip

30 US
Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLHORN, MICHAEL D.
416 COUNTY ROAD 25
LADY LAKE FL 32159**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **RICH, WILLIAM J**
STREET ADDRESS **617 WEBB WAY**
CITY-ST-ZIP **LADY LAKE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Hokr, Dorothy**
1.3 STREET ADDRESS **1621 Lauren Lane**
1.4 CITY-ST-ZIP **Lady Lake, FL. 32159**

TITLE **V** ☐ DELETE
NAME **SWINDLER, GLENN**
STREET ADDRESS **810 ROSS APLE**
CITY-ST-ZIP **LADY LAKE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **MCCULLOUGH, GERALDINE**
STREET ADDRESS **1018 MATTHEW**
CITY-ST-ZIP **LADY LAKE, FL 00000**

3.1 TITLE **T** ☒ Change ☐ Addition
3.2 NAME **Menci, Carol**
3.3 STREET ADDRESS **908 Ramos Drive**
3.4 CITY-ST-ZIP **Lady Lake, FL. 32159**

TITLE **S** ☒ DELETE
NAME **BAILEY, ELIZABETH J.**
STREET ADDRESS **617 WEBB WAY**
CITY-ST-ZIP **LADY LAKE FL**

4.1 TITLE **S** ☒ Change ☐ Addition
4.2 NAME **Holt, Thelma**
4.3 STREET ADDRESS **1319 E.Schwartz Blvd.**
4.4 CITY-ST-ZIP **Lady Lake, FL.**

TITLE **D** ☒ DELETE
NAME **PONDER, LEE**
STREET ADDRESS **1008 OREN**
CITY-ST-ZIP **LADY LAKE FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Conner, Robert D.**
5.3 STREET ADDRESS **818 Orchid St.**
5.4 CITY-ST-ZIP **Lady Lake, FL.**

TITLE **D** ☒ DELETE
NAME **HARVEY, CHARLIE**
STREET ADDRESS **626 RAINBOW**
CITY-ST-ZIP **LADY LAKE FL**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **Henretta, Norma**
6.3 STREET ADDRESS **1203 Panama Place**
6.4 CITY-ST-ZIP **Lady Lake, FL.**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Dorothy Hoky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96
Date

352-753-5864
Daytime Phone #

CR2E037 (12/95)