

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # N00000000428

1. Entity Name
 ORANGE LAKE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 11803 104TH STREET NORTH LARGO FL 33773	Mailing Address 11803 104TH STREET NORTH LARGO FL 33773
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-3634826

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AFFLERBACH FRED
 10450 118TH TERRACE NORTH
 LARGO FL 33773 US

7. Name and Address of New Registered Agent

Name
PENZA PETER RPRES
 Street Address (P.O. Box Number is Not Acceptable)
 11803 104TH STREET NORTH
 City
LARGO FL Zip Code
 33773

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.

SIGNATURE **PETER R. PENSA** DATE **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BANNON PAT	
STREET ADDRESS	10120 117TH PLANCE NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAZKO MOLLY	
STREET ADDRESS	10306 117TH DRIVE NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENZA PETE	
STREET ADDRESS	10227 117TH TERRACE NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER RUTH	
STREET ADDRESS	10300 112TH AVENUE NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input type="checkbox"/> Delete
NAME	AHLSCHWEDE JOAN	
STREET ADDRESS	12105 104TH STREET NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWERTON DELIA	
STREET ADDRESS	10213 114TH TERRACE NORTH	
CITY-ST-ZIP	LARGO FL 33773	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGERTY GRACE	
STREET ADDRESS	11747 104TH STREET NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA VALERIE	
STREET ADDRESS	10554 118TH TERRACE NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE ROSADO	
STREET ADDRESS	11826 104TH LANE NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLTL RICK	
STREET ADDRESS	11786 102ND STREET NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENZA PETER	
STREET ADDRESS	10227 117TH TERRACE NORTH	
CITY-ST-ZIP	LARGO FL 33773	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **PETER R. PENSA** P DATE: **05/01/2001**

CR2E037 (11/00)

SHIRLEY GOLDBERG
10384 11TH PLACE NORTH

LARGO, FL 33773

HENRY RUNEY, D
10345 111TH PLACE NORTH

LARGO, FL 33773