


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90002 025 ****61.25

DOCUMENT # N00000000428					
1. Entity Name ORANGE LAKE VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 11826 104TH LANE NORTH LARGO, FL 33773			Mailing Address PO BOX 719 LARGO, FL 33779		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent <i>Rosado</i> ROSADES, ROSE 11826 104TH LANE NORTH LARGO, FL 33773				7. Name and Address of Now Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSADO, ROSE A		NAME		
STREET ADDRESS	11826 140TH LANE NORTH		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARNSON, KEVIN		NAME	<i>NONE APPOINTED</i>	
STREET ADDRESS	12024 103RD ST NORTH		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUNEY, HENRY		NAME		
STREET ADDRESS	10345 111TH PL NORTH		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAGERTY, GRACE		NAME	<i>Patricia Bannon</i>	
STREET ADDRESS	11747 104TH NORTH		STREET ADDRESS	<i>10210 117th Place</i>	
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP	<i>Largo, FL 33773</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BANNON, PATRICA		NAME	<i>Kevin Harnson</i>	
STREET ADDRESS	10210 117TH PL NORTH		STREET ADDRESS	<i>12024 103RD ST</i>	
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP	<i>Largo A 33773</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PEARCE, BETTY		NAME	<i>Hagerty, GRACE</i>	
STREET ADDRESS	10565-118 AVE N		STREET ADDRESS	<i>11747 104th No</i>	
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP	<i>Largo FL 33773</i>	
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: <i>Rose A Rosado</i>			Date: <i>3/17/08</i>		Daytime Phone #: <i>727-394-8459</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					