

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 10:58

DOCUMENT # N09456 (7) 1. Corporation Name ORANGE MANOR EAST MOBILE HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business 132 MANDARIN DR. WINTER HAVEN FL 33884-0020	Mailing Address 132 MANDARIN DR. WINTER HAVEN FL 33884-0020
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 05/24/1985	3a. Date of Last Report 03/14/1994
4. FEI Number 59-2543681	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent EATON, JOYCE 132 MANDARIN DR. WINTER HAVEN FL 33884-0020

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KEMP, NEAL	1.2 NAME	
STREET ADDRESS	187 VALENCIA DR.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	WINTER HAVEN FL	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BITLER, DOROTHY	2.2 NAME	
STREET ADDRESS	124 KING DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	WINTER HAVEN FL	2.4 CITY-STATE-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	FUNKHOUSER, OTHO	3.2 NAME	
STREET ADDRESS	147 MANDARIN DR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	WINTER HAVEN FL	3.4 CITY-STATE-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	FLORENCE, JOYCE	4.2 NAME	
STREET ADDRESS	581 TEMPLE CIRCLE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	WINTER HAVEN FL	4.4 CITY-STATE-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	EATON, JOYCE	5.2 NAME	
STREET ADDRESS	132 MANDARIN DR	5.3 STREET ADDRESS	
CITY-STATE-ZIP	WINTER HAVEN FL	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	FLORY, VIRGIL	6.2 NAME	
STREET ADDRESS	9 TEMPLE CIRCLE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	WINTER HAVEN FL	6.4 CITY-STATE-ZIP	

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)(b), 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: Joyce M. Florence 3-8-95 813-324-6488

12. D
William Kerschner change
29 Tangelo Dr.
Winter Haven Fl. 33884

Delete: James Trewhitt
77 Murcott Dr.
Winter Haven, Fl. 33884