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Mar 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N09456** (7)

1. Corporation Name

ORANGE MANOR EAST MOBILE HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**132 MANDARIN DR.
WINTER HAVEN FL 33884-0020**

**132 MANDARIN DR.
WINTER HAVEN FL 33884-0020**

3. Date Incorporated or Qualified

05/24/1985

4. FEI Number

59-2543681

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EATON, JOYCE
132 MANDARIN DR.
WINTER HAVEN FL 33884-0020**

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

Joyce M. Eaton

(NOTE: Registered Agent signature required when registering)

3/19/98

DATE

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

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **KEMP, NEAL**
STREET ADDRESS **187 VALENCIA DR.**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **VO** ☐ DELETE
NAME **MORLOCK, ARTHUR**
STREET ADDRESS **205 ORANGE MANOR DRIVE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **SD** ☐ DELETE
NAME **BENEDICT, HESTER**
STREET ADDRESS **5 TEMPLE CIRCLE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ DELETE
NAME **KERSHNER, WILLIAM**
STREET ADDRESS **29 TANGELO DRIVE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **TO** ☐ DELETE
NAME **EATON, JOYCE**
STREET ADDRESS **132 MANDARIN DR**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ DELETE
NAME **GUNN, HAROLD**
STREET ADDRESS **28 TANGELO DR.**
CITY-ST-ZIP **WINTER HAVEN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **RATTIGAN, JOHN**
1.3 STREET ADDRESS **75 TEMPLE CR.**
1.4 CITY-ST-ZIP **WINTER HAVEN, FL 33884**

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Neal Kemp

3/19/98

94-314-6139

CR2E037 (10/97)