2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State
03-19-2004 90059 002 ****61.25

DOCUMENT # N09456

1. Entity 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

02232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
33 TANGELO DR.	33 TANGELO DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER HAVEN, FL.	City & State: WINTER HAVEN, FL
Zip: 33884 Country: POLK	Zip: 33884 Country: POLK

4. FEI Number 59-2543681 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOULTHROUP, MARILYN
132 MANDARIN DR
WINTER HAVEN, FL 33884-3020

7. Name and Address of New Registered Agent

Name: GARNETTE L. Butler
Street Address (P.O. Box Number is Not Acceptable): 33 TANGELO DRIVE
City: WINTER HAVEN FL Zip Code: 33884

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: Garnette L. Butler
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHUMACHER, WILLIAM 112 PINEAPPLE DRIVE WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRINCZYK, DICK 178 VALENCIA DR. WINTERHAVEN, FL. 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOLDEN, VINCE 201 ORANGE MANOR DRIVE WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMBRY, JIM 115 PINEAPPLE DR. WINTERHAVEN, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REGATUSO, JOE 180 VALENCIA DR. WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUTLER, JAY 33 TANGELO DR. WINTERHAVEN, FL. 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIDWELL, JAMES 58 TEMPLE CIRCLE WINTER HAVEN, FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOULTHROUP, MARILYN 182 VALENCIA DR WINTER HAVEN, FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ENGLERT, JUDY 65 TEMPLE CIRCLE WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: VINCE GOLDEN 3-14-04 863-318-8462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Vince Golden