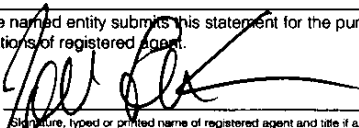


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90043 023 ****61.25

DOCUMENT # N09456 1. Entity Name ORANGE MANOR EAST MOBILE HOME OWNER'S ASSOCIATION, INC.					
Principal Place of Business 93 ORANGE MANOR DRIVE WINTER HAVEN, FL 33884			Mailing Address 93 ORANGE MANOR DRIVE WINTER HAVEN, FL 33884		
2. Principal Place of Business - No P.O. Box # 76 MURCOTT DRIVE Suite, Apt. #, etc. WINTER HAVEN, FL City & State (POLK COUNTY) Zip 33884 Country USA		3. Mailing Address 76 MURCOTT DRIVE Suite, Apt. #, etc. WINTER HAVEN, FL City & State (POLK COUNTY) Zip 33884 Country USA			
04092007 Chg-NP CR2E037 (12/06)				4. FEI Number 59-2543681	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent The Sherman Law Firm, PLLC Joel Lee Sherman, Esquire 115 North MacDill Avenue Tampa, FL 33609-1521			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  Signature, typed or printed name of registered agent and title if applicable. 7/5/07 (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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 T NAME SNIDER, THOMAS STREET ADDRESS 105 MURCOTT DRIVE CITY-ST-ZIP WINTER HAVEN, FL 33884	☐ Delete		TITLE PD NAME WINDHAUSEN, CHARLES EDWARD STREET ADDRESS 134 MANDARIN DRIVE CITY-ST-ZIP WINTER HAVEN, FL 33884	☒ Change ☐ Addition	
TITLE PD NAME BUTLER, JAY STREET ADDRESS 93 ORANGE MANOR DR CITY-ST-ZIP WINTER HAVEN, FL 33884	☒ Delete		TITLE VD NAME EGGLESTON, EUGENE (ROW) STREET ADDRESS 76 MURCOTT DRIVE CITY-ST-ZIP WINTER HAVEN, FL 33884	☐ Change ☒ Addition	
TITLE D NAME WINDHAUSEN, EDWARD STREET ADDRESS 134 MANDARIN DR. CITY-ST-ZIP WINTER HAVEN, FL 33884	☐ Delete		TITLE D NAME ALTENBURG, PAUL STREET ADDRESS 66 TEMPLE CIRCLE CITY-ST-ZIP WINTER HAVEN, FL 33884	☐ Change ☒ Addition	
TITLE VD NAME MCCAROL, HOWARD STREET ADDRESS 181 VALENCIA DR. CITY-ST-ZIP WINTER HAVEN, FL 33884	☒ Delete		TITLE D NAME LONG, REBECCA (BECKY) STREET ADDRESS 21 TEMPLE CIRCLE CITY-ST-ZIP WINTER HAVEN, FL 33884	☐ Change ☒ Addition	
TITLE D NAME GOLDEN, VINCE STREET ADDRESS 201 ORANGE MANOR DRIVE CITY-ST-ZIP WINTER HAVEN, FL 33884	☐ Delete		TITLE D NAME BELL, GLENN STREET ADDRESS 122 MANDARIN DRIVE CITY-ST-ZIP WINTER HAVEN, FL 33884	☐ Change ☒ Addition	
TITLE S NAME WOODS, CONNIE STREET ADDRESS 182 VALENCIA CITY-ST-ZIP 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 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: <u>Charles E Windhausen (CHARLES E WINDHAUSEN)</u> 04/09/07 863 324 1802 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					