

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90232 042 *****61.25

DOCUMENT # N09456

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 HALL, LOUIS 165 VALENCIA DR. WINTER HAVEN FL 33884	☒ Delete
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 REGATUSO, JOE 180 VALENCIA DR. WINTER HAVEN FL 33884	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVAGE, WILLIAM 29 TANGELO DRIVE WINTER HAVEN FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOULTHROUP, MARILYN 182 VALENCIA DR WINTER HAVEN FL 33884	☒ Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. BUTLER, GARNETTE 33 TANGELO DRIVE WINTER HAVEN, FL 33884	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD-SCHUMACHER, WILLIAM 112 PINEAPPLE DRIVE WINTER HAVEN, FL 33884	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- KIDWELL JAMES 58 TEMPLE CIRCLE WINTER HAVEN, FL 33884	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- MOULTHROUP MARILYN 182 VALENCIA DR WINTER HAVEN FL. 33884	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXX	☐ 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**

3/1/03

CR2E037 (10/02)