FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -1 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13632 (7)

1. Corporation Name

ORANGEWOOD LAKES MOBILE HOME PARK ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
% LEOTA HUFFMAN, TRUSTEE 6426 SUN COUNTRY DRIVE NEW PORT RICHEY FL 34653-3631	% LEOTA HUFFMAN, TRUSTEE 6426 SUN COUNTRY DRIVE NEW PORT RICHEY FL 34653-3631

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1986
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2620355 ☐ 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? 61.25 ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

WILLIAM, IRVING
7935 ORANGEWOOD LAKES
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name: DRAVES, ARNOLD
82 Street Address (P.O. Box Number is Not Acceptable): 7810 GREEN LAWN Rd.
83
84 City: New Port Richey FL 85 Zip Code: 34653

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: ARNOLD DRAVES, PRESIDENT. ✓ Arnold Draves 02-16-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	IRVING, WILLIAM	1.2 NAME	DRAVES, ARNOLD	
STREET ADDRESS	7935 ORANGEWOOD LAKES	1.3 STREET ADDRESS	7810 GREEN LAWN Rd.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	1.4 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HOYT, CLYDE	2.2 NAME	HUFFMAN, Leota E	
STREET ADDRESS	7820 ORANGEWOOD LAKES	2.3 STREET ADDRESS	6426 SUN COUNTRY DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34658	2.4 CITY-ST-ZIP	New Port Richey, Fl 34653	
TITLE	VSD	3.1 TITLE	VSD	☒ Change ☐ Addition
NAME	TERRY, RAY	3.2 NAME	Smith, Ruth	
STREET ADDRESS	6510 SUN COUNTRY DR.	3.3 STREET ADDRESS	7940 Cold Spring Lane	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	3.4 CITY-ST-ZIP	New Port Richey, Fl 34653	
TITLE	VSD	4.1 TITLE	VSD	☒ Change ☐ Addition
NAME	CARVER, BILL	4.2 NAME	Smith, Hazel	
STREET ADDRESS	7910 OLDSFIELD	4.3 STREET ADDRESS	7815 Lyn Brook DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	4.4 CITY-ST-ZIP	New Port Richey, Fl 34653	
TITLE	TD	5.1 TITLE	TD	☐ Change ☐ Addition Same
NAME	DALY, JOE	5.2 NAME	DALY, JOE	
STREET ADDRESS	7940 ORANGEWOOD LAKES	5.3 STREET ADDRESS	7940 Orangewood Lakes	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	5.4 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	TD	6.1 TITLE	TD	☐ Change ☐ Addition Same
NAME	HUFFMAN, LEOTA E	6.2 NAME	HUFFMAN, Leota E	
STREET ADDRESS	6426 SUN COUNTRY DR.	6.3 STREET ADDRESS	6426 SUN Country DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	6.4 CITY-ST-ZIP	New Port Richey, FL 34653	

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)(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: Leota E Huffman Trustee 02/16/95 1-(813)847-9827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Leota E HUFFMAN

0067476