## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

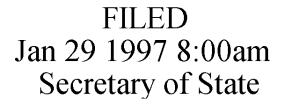
ORANGEWOOD LAKES MOBILE HOME PARK ASSOCIATION, I

Principal Place of Business

Mailing Address

% LEOTA HUFFMAN. TRUSTEE

% LEOTA HUFFMAN. TRUSTEE 6426 SUN COUNTRY DRIVE



NEW PORT RICHEY FL 34653-3631		NEW PORT RICHEY FL 34653-3631		3. Date Incorporated or Qualified	3a. Date of Last Report
				02/28/1986	03/04/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2620355	Applied For
21	4	26		39-2020333	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	•	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country		
24	26	29 3	<del></del>	This corporation has liability for i     Florida Statutes	Yes No
	9, Name and Address of Current		<u> </u>	10. Name and Address of New Re	
81 Name ! . !					
DRAVES, ARNOLD				LILIANE DES CHI	ENES
7810 GREEN LAWN RD.			82 Street	Address (P.O. Box Number is Not Acceptable 150 WAY bury 51	ne)
NEW PORT RICHEY FL 34653					
			84 City .		12-1
			84 City	ew Port Richev.	FL 85 34653
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					
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    Signature, typed or printed name of registered agent and little # applicable   (NOTE, Registered Agent signature required when reinstating)   DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE	PD	Change Addition
NAME	DRAVES, ARNOLD	<b>,</b> \	1.2 NAME	DES CHENES, LILIAN	/= ·
STREET ADDRESS	7911 SUNRUNNER DR		1.3 STREET ADDRESS	1750 WAYRURY St.	5
CITY-ST-ZIP	NEW PORT RICHEY FL		1 4 CITY-ST-ZIP	7750 WAYBURY ST. New Port Richey, FI	34653
TITLE	VD O	DELETE	21 TITLE	VD .	Change Addition
NAME	DES CHENES, LILIANE	•	2 2 NAME	IRVING, WILLIAM	m
STREET ADDRESS	7750 WAYBURY ST		2.3 STREET ADDRESS	7935 BRANGE WOOD	Lakes
CITY-ST-ZIP	NEW PORT RICHEY FL		2 4 CITY-ST-ZIP	New Port Richey, F	1 3 7 4 5 3
TITLE	VSD	DELETE	3 1 TITLE	VSD /	Change   Addition
NAME	IRVINE, CONSTANCE		3 2 NAME	KRUBSER, LEEAN	'N
STREET ADDRESS	7935 ORANGEWOOD LAKES		3 3 STREET ADDRESS	6335 SUN COUNTA	ly Da.
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4, CITY - ST - ZIP	New Port Richey,	F4 34653
TITLE	VSD	DELETE	4.1 TITLE	CD	Change Addition
NAME	KRUEGER, LEEANN		4. 2 NAME	IRVING LONSTAWCE	
STREET ADDRESS	6335 SUN COUNTRY DR		4.3 STREET ADDRESS	7935 ORANGE WOOD H	hkes
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	New Port Richey, FL	34 <i>65</i> 3
TITLE	TD	DELETE	5 1 TITLE	· ·	Change Addition
NAME	FREEMAN, ROGER		5.2 NAME		
STREET ADDRESS	6356 RAMBLING RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		Change Addition
NAME	HUFFMAN, LEOTA E		6.2 NAME		
STREET ADDRESS	6426 SUN COUNTRY DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	J	6.4 CITY - ST - ZIP		

14. I do 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 orderes.

January 4, 1997

Annual Reports Filings Division of Corporations P. O. Box 1500 Tallahassee, FL 32302--1500

## Gentlemen:

Enclosed is Orangewood Lakes Mobile Home Park Association, Inc., Document #N13632 (7) - Nonprofit Annual Report for 1997.

In Column 13 it shows the changes of our officers and directors as Follows: President and Director: Des Chenes, Liliane

7750 Waybury St.

New Port Richey, FL 34653

Vice President-Director Irving, William

7935 Orangewood Lakes

New Port Richey, FL 34653

2nd Vice President-Director

Krueger, Leeann

6335 Sun Country Dr.

New Port Richey, FL 34653

Secretary-Director

Irving, Constance

7935 Orangewood Lakes

New Port Richey, FL 34653

In Column 12 the Treasury-Director, Freeman, Roger and the Trustee-Director, Leota E. Huffman remain the same and left there.

Also enclosed is check # 1329 dated 1-/3-97 in the amount of \$70.00 (\$61.25 for the 1997 filing fee and \$8.75 for the Certificate of Status desired.

Leata & Huffman

Leota E. Huffman, Trustee-Director

6426 Sun Country Dr.

New Port Richey, FL 34653

Phone: (813) 847-9827