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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 02/28/1986

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 % ROGER FREEMAN, PD	26 % Roger FREEMAN, PD
22 Suite, Apt. #, etc. 6346 Rambling Rd.	27 Suite, Apt. #, etc. 6346 Rambling Rd.
23 City & State New Port Richey, Florida	28 City & State New Port Richey, Florida
24 Zip 34653 25 Country U.S.A	29 Zip 34653 30 Country U.S.A

9. Name and Address of Current Registered Agent

~~DES CHENES, LILIANE~~
~~7750 WAYBURY ST~~
~~NEW PORT RICHEY FL 34653~~

10. Name and Address of New Registered Agent

81 Name ROGER FREEMAN
82 Street Address (P.O. Box Number is Not Acceptable) 6346 RAMBLING Rd.
83
84 City New Port Richey **FL** 85 Zip Code 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 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 Roger Freeman, President.
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	VD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	IRVING, WILLIAM		1.2 NAME	FREEMAN, ROGER	
STREET ADDRESS	7935 ORANGEWOOD LAKES		1.3 STREET ADDRESS	6346 RAMBLING Rd.	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DES CHENES, LILIANE		2.2 NAME	BUTLER, ARTHUR	
STREET ADDRESS	7750 WAYBURY ST		2.3 STREET ADDRESS	6339 RAMBLING Rd.	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	IRVING, CONSTANCE		3.2 NAME	SHIRLEY DRAVES	
STREET ADDRESS	7935 ORANGEWOOD LAKES		3.3 STREET ADDRESS	7911 SUNRUNNER DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	VSD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KRUEGER, LEEANN		4.2 NAME		
STREET ADDRESS	6335 SUN COUNTRY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	FREEMAN, ROGER		5.2 NAME	LEOTA HUFFMAN	
STREET ADDRESS	6356 RAMBLING RD		5.3 STREET ADDRESS	6426 SUN Country DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL		5.4 CITY-ST-ZIP	New Port Richey, FL 34653	
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		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 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: Roger Freeman 1-20-98 (813) 844-0658