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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13632

1. Corporation Name

**ORANGEWOOD LAKES MOBILE HOME PARK ASSOCIATION, I
NC.**

Principal Place of Business

C/O ROGER FREEMAN PD
6346 RAMBLING RD
NEW PORT RICHEY FL 34653
US

Mailing Address

C/O ROGER FREEMAN PD
6346 RAMBLING RD
NEW PORT RICHEY FL 34653
US



2. Principal Place of Business

21 7850 Orangewood Lakes

Suite, Apt. #, etc.

22 New Port Richey, Fl.

City & State

23

Zip

Country

24

34653

25

U.S.

2a. Mailing Address

26 7850 Orangewood Lakes

Suite, Apt. #, etc.

27

City & State

28

New Port Richey, Fl.

Zip

Country

29

34653

30

U.S.

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

9. Name and Address of Current Registered Agent

FREEMAN, ROGER
6346 RAMBLING RD
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name

Vernon Bartz

82 Street Address (P.O. Box Number is Not Acceptable)

7850 Orangewood Lakes

83

New Port Richey

84 City

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

Vernon Bartz
Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

2/27/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME FREEMAN, ROGER
STREET ADDRESS 6346 RAMBLING RD
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE VD ☒ DELETE
NAME BUTLER, ARTHUR
STREET ADDRESS 6339 RAMBLING RD
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE SD ☐ DELETE
NAME ORAVES, SHIRLEY
STREET ADDRESS 7911 SUNRUNNER DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE VSD ☐ DELETE
NAME KRUEGER, LEEANN
STREET ADDRESS 6335 SUN COUNTRY DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE TD ☐ DELETE
NAME HUFFMAN, LEOTA
STREET ADDRESS 6426 SUN COUNTRY DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME BARTZ, Vernon
1.3 STREET ADDRESS 7850 Orangewood Lakes
1.4 CITY-ST-ZIP New Port Richey, Fl. 34653

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME Wert, William
2.3 STREET ADDRESS 7745 Greenlawn Drive
2.4 CITY-ST-ZIP New Port Richey, Fl. 34653

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1/99
Date

727-841-6640
Daytime Phone #

CR2E037 (1/98)