2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2004 8:00 am **Secretary of State** DOCUMENT # N13632 1. Entity Name 02-12-2004 90028 028 ****70.00 ORANGEWOOD LAKES MOBILE HOME PARK ASSOCIATION, INC. Principal Place of Business Mailing Address 7750 WAYBURY ST. NEW PORT RICHEY FL 34653 7750 WAYBURY ST. **NEW PORT RICHEY FL 34653** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-2620355 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DESCHENES, LILIANE Street Address (P.O. Box Number is Not Acceptable) 7750 WAYBURY ST. **NEW PORT RICHEY FL 34653** 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PRÉSIDENT/D TITLE ☐ Delete TITLE Addition TANGUAY ROBERT TANGUAY, ROBERT NAME 7840 GREENLAWN DRIVE 78 40 GREENLAW DRIVE STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 RICHEY FL 34653 CITY - ST- ZIP CITY-ST-7/P NEW PORT TITLE ☐ Delete ☐ Change ☐ Addition TITLE RANCOURT, DAVID NAME NAME 7831 OLD FIELD RD. STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34658 CITY-ST-7IP CITY-ST-7IP VICE PRESIDENT/D TITLE **Delete Addition** WILD, JOYCE --I 05A NAME JOHOL NAME 7950 COLD SPRINGS LANE 9745 GREEN-AWN STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY Delete ☐ Addition DTLE TITLE PICHE, IRENE NAME NAME 7815 WAYBURY ST STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE Change ☐ Addition TITLE DESCHENES, LILIANE NAME NAME 7750 WAYBURY ST. STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-7IP CITY-ST-7IP **⊠** Delete TITLE ☐ Change Addition TITLE MARCIA, NOLAN CARVER JEANNA NAME NAME 7910 OLDFIELD RD 7751 GREENLAW STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZIP

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: L. DESCHENES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Feb 2004 727-841-6867
Date Daytime Phone #

FILED