

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:24

DOCUMENT # N23092 (2)  
1. Corporation Name  
ORANGE LAKE MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
15840 S.R. 50 LOT 229 15840 S.R. 50 LOT 229  
CLERMONT FL 34711 CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/20/1987 3a. Date of Last Report 02/24/1994  
4. FEI Number 59-2859638 Applied For Not Applicable  
5. Certificate of Status Desired  \$6.75 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  \$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 2a. Mailing Address  
21 15840 SR 50 LOT 229 26 SAME  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 CLERMONT FL. 27 SAME  
City & State City & State  
23 CLERMONT FL. 28 SAME  
Zip Country Zip Country  
24 34711 25 FLORIDA 29 SAME 30 SAME

9. Name and Address of Current Registered Agent  
HARTE, BRUCE  
15840 SR 50  
LOT 229  
CLERMONT FL 34711

10. Name and Address of New Registered Agent  
81 Name HARTE BRUCE.  
82 Street Address (P.O. Box Number is Not Acceptable) 15840 SR 50  
83 LOT 229  
84 City CLERMONT FL. FL 85 Zip Code 34711

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE PD	HINNER, WILLIAM E 15840 SR 50, LOT 187 CLERMONT FL
TITLE VD	HARTE, BRUCE 15840 SR 50, LOT 229 CLERMONT FL
TITLE SD	MACOY, GLADYS 15840 SR 50, LOT 172 CLERMONT FL
TITLE T	GRIFFIS, DAWN 15840 SR 50, LOT 159 CLERMONT FL
TITLE D	YOST, LEONARD 15840 S.R. 50-16 CLERMONT FL
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD.	WPAUER AZUBIAH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME WPAUER AZUBIAH	
1.3 STREET ADDRESS 15840 SR 50 LOT 156	
1.4 CITY-ST-ZIP CLERMONT, FL. 34711.	
2.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME HARTE BRUCE	
2.3 STREET ADDRESS 15840 SR 50, LOT 229	
2.4 CITY-ST-ZIP CLERMONT, FL. 34711.	
3.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME MACOY, GLADYS	
3.3 STREET ADDRESS 15840 SR. 50 LOT 172	
3.4 CITY-ST-ZIP CLERMONT FL. 34711	
4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME BRADLEY TODD	
4.3 STREET ADDRESS 15840 SR 50 LOT 30	
4.4 CITY-ST-ZIP CLERMONT, FL. 34711.	
5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME YOST LEONARD	
5.3 STREET ADDRESS 15840 SR. 50-16	
5.4 CITY-ST-ZIP CLERMONT, FL 34711.	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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: Bruce Harte 2-1-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #