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

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 N29888 DOCUMENT #
1. Corporation Name

## ORANGEWOOD LAKES MOBILE HOMEOWNERS ASSOCIATION,

INC.									
Principal Place	e of Business	Mailing Address	Mailing Address				SIOI IOIO3 FOIF DIPI	ı midizi digil dibir di	iğil Bibli 1961
P. O. BOX 1679 NEW PORT RIC		P. O. BOX 1675 NEW PORT RICHEY FL S	P. O. BOX 1675 NEW PORT RICHEY FL 34656-1875						
						<ol> <li>Date Incorporated or Qu 12/23/1988</li> </ol>		Date of Last Re 03/18/19	eport <b>96</b>
2. Principal Pi 21	lace of Business	2a. Mailing Address				4. FEI Number NOT APPLICAE	3LE	<del> </del>	plied For t Applicable
Suite, Apt.	#, elc	Suite, Apt. #, etc.	····••••••••••••••••••••••••••••••••••			5. Certificate of Status Desi		\$8.75 A	Additional
City & State		City & State				6. Election Campaign Finar	acina	\$5.00	<del></del>
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	hq '			8. This corporation has liab			199.032,
24	25	29	30			Florida Statutes	Yes	<del></del>	
	9, Name and Address of Curre	ant Registered Agent	8	4 1		10. Name and Address of I	lew Registere	Agent	
			°	1 Nam	ie				
HOLLEN 7821 OF		8	82 Street Address (P.O. Box Number is Not Accep			cceptable)			
	ORT RICHEY FL 34653		8	3				<u> </u>	
				4 City			F	·L_   '   '	Code
11. Pursuant t	to the provisions of Sections 617.05 egistered agent, or both, in the Sta m isymparyoith, and accept the Joh	502 and 617.1508, Florida Stati	utes, the abo	ve-name	ed corporal	ition submits this statement f	or the purpose	of changing it	s registered
office or ri agent I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was i <del>gations of</del> , Section 617.0503, f	s authorized : Florida Statut	by the c es.	orporation's	s board of directors. I hereb	y accept the a	ppointment as	registered
SiGNATURE _	Il alles de Nalla.	11/2 3							
/			OTE Registered A	gent signa	ture required wi		DATE		0.0140
12.	OFFICERS A	IND DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO	J OFFICERS A	Change	S IN 12 Addition
THILE	HOLLENSTEIN, RICHARD			1.1 TITLE				Lij Ghange	L ADDITION
NAMÉ	7821 ORANGEWOOD LAKE	ie nowe	1.2 NAME 1.3 Street address		, a				
STREET ADDRESS	NEW PORT RICHEY FL	S UNIVE			is				
CHY-ST-7IP TITLE	V V	<b>▼</b> DELETE	1.4 CITY 2.1 TITLE		VI	005 1100001		Change	Addition
NAME	BUTLER, ARTHUR,	DE OCCUR	2.2 NAM		10	BBE, NURMAN 114 GREENLAW	. Da	Change	E-1 Fidantion
	6339 RAMBLING RD.			et adores	. 10	14 GREENLAW	, DK	2415	
STREET ADDRESS	NEW PORT RICHEY FL			re i Audries r-St-ZIP	יא ויי	EW PART RICH	er, FL.	34693	
CITY-ST-ZIP TITLE	T	DELETE	3.1 TITLE				***************************************	Change	Addition
NAME	CARVER, JEANNA V	harved 4	3.2 NAM						
STREET ADDRESS	7910 OLDFIELD RD			ET ADDRES	25				
CITY-ST-ZIP	NEW PORT RICHEY FL		<b>P</b>	-ST-ZIP	~				
TITLE	\$	DELETE	4.1 TITLE					Change	Addition
NAME	DRAVES, SHIRLEY		4. 2 NAN					•	·
STREET ADDRESS	7911 SUNRUNNER DRIVE			ET ADDRES	is				
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY						
TOTLE	D	DELETE	5.1 TITLE					☐ Change	Addition
NAME	RIES, CALVIN		5.2 NAM	E					
STREET ADDRESS	6430 RAMBLING ROAD			ET ADDRES	is				
CHY-ST-ZIP	NEW PORT RICHEY FL		5.4 CITY						
TITLE	D	DELETE	6.1 TITLE		DB	UTLER, ARTHU	R	Change	★ Addition
NAME	WILLIAMS, RITA		6.2 NAM	£	1 6	339 RAMBLIN	6 ROAD		
STREET ADORESS	6445 BELLE TERRE ROAD		6.3 STRE	ET ADDRES	s Ne	EW PORT RICH	GY, FL	34653	, !

NEW PORT RICHEY FL

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 address.

HIRLETT D. DRAVES) March 18/97 813-841-6640
Date Date Describe Proper 0088197

**FILED** 

Mar 27 1997 8:00am

Secretary of State