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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29888

1. Corporation Name
ORANGEWOOD LAKES MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business P. O. BOX 1675 NEW PORT RICHEY FL 34656	Mailing Address P. O. BOX 1675 NEW PORT RICHEY FL 34656
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/23/1988
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE
22. City & State	27. City & State	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip
30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

LABBE, NORMAND N
7814 GREENLAWN DRIVE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	SAME

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: *Normand N Labbe* **NORMAND N LABBE PRES 3/23/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P.	<input type="checkbox"/> DELETE
NAME	LABBE, NORMAND N	
STREET ADDRESS	7814 GREENLAWN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	V.	<input type="checkbox"/> DELETE
NAME	DRAVES, ARNOLD	
STREET ADDRESS	7911 SUNRUNNER DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	T.	<input type="checkbox"/> DELETE
NAME	RANCOURT, NORMA	
STREET ADDRESS	7835 OLDFIELD ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	S.	<input checked="" type="checkbox"/> DELETE
NAME	HORTON, SHIRLEY G	
STREET ADDRESS	7810 LYNBROOK DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D.	<input checked="" type="checkbox"/> DELETE
NAME	RIES, CALVIN	
STREET ADDRESS	6430 RAMBLING ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D.	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RITA	
STREET ADDRESS	6445 BELLE TERRE ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S CARL ROSS
4.3 STREET ADDRESS	6410 SUN COUNTRY DR
4.4 CITY-ST-ZIP	NEWPORTRICHEY FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D JEANA CARVER
5.3 STREET ADDRESS	7910 OLDFIELD RD
5.4 CITY-ST-ZIP	NEWPORT RICHEY FL
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Normand N Labbe* **NORMAND N LABBE 3/22/99 722 849 9299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)