

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0088745

**DOCUMENT # N29888**

1. Entity Name

**ORANGWOOD LAKES MOBILE HOMEOWNERS ASSOCIATION, INC.**

04-10-2002 90484 034 \*\*\*\*70.00

Principal Place of Business Mailing Address  
 P. O. BOX 1675 P. O. BOX 1675  
 NEW PORT RICHEY FL 34656 NEW PORT RICHEY FL 34656



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **GERARD Peter Gauthier**  
 Street Address (P.O. Box Number is Not Acceptable) **7835 Oldfield Dr.**  
 City **New Port Richey** FL Zip Code **34653**

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.

SIGNATURE *Gerard Gauthier* - **GERARD PETER GAUTHIER** 3/30/02  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25** ✓

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LABBE, NORMAND N</b>	
STREET ADDRESS	<b>7814 GREENLAWN DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DRAVES, ARNOLD</b>	
STREET ADDRESS	<b>7911 SUNRUNNER DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FAITH, DAVY</b>	
STREET ADDRESS	<b>7901 OLD FIELD RD.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RUSSEL, GERALDINE</b>	
STREET ADDRESS	<b>7741 OLD FIRD RD.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WERT, DOREEN</b>	
STREET ADDRESS	<b>7745 GREEN LAWN DR.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JAKES, RUSSEL</b>	
STREET ADDRESS	<b>7741 OLD FIELD RD.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	

TITLE	<b>P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAUTHIER, Peter GERARD</b>	
STREET ADDRESS	<b>7835 Oldfield Dr.</b>	
CITY-ST-ZIP	<b>New Port Richey Fl. 34653</b>	
TITLE	<b>V.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McDermott James</b>	
STREET ADDRESS	<b>6526 Sun Country Dr.</b>	
CITY-ST-ZIP	<b>New Port Richey Fl. 34653</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>-SAME-</b>	
TITLE	<b>S.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARSEN Judith</b>	
STREET ADDRESS	<b>6520 Sun Country Dr.</b>	
CITY-ST-ZIP	<b>New Port Richey Fl. 34653</b>	
TITLE	<b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Williams RITA</b>	
STREET ADDRESS	<b>6445 Belle Terra Rd.</b>	
CITY-ST-ZIP	<b>New Port Richey Fl. 34653</b>	
TITLE	<b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUGER James</b>	
STREET ADDRESS	<b>7535 Orangewood Lakes Rd.</b>	
CITY-ST-ZIP	<b>New Port Richey Fl. 34653</b>	

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: *Judith A. Larsen* **Judith A. LARSEN** 3-30-02 847-1228  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)