

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90334 019 ****70.00

DOCUMENT # N29888
1. Entity Name
ORANGEWOOD LAKES MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
P. O. BOX 1675
NEW PORT RICHEY, FL 34653

Mailing Address
P. O. BOX 1675
NEW PORT RICHEY, FL 34653

14000732



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03282004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip **Country**

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

6. Name and Address of Current Registered Agent

GRAVES, ELIZABETH G
7741 WAYBURY ST
NEW PORT RICHEY, FL 34653

7. Name and Address of New Registered Agent

Name
 Street Address, (P.O. Box Number is Not Acceptable)
 City **FL** 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 *Elizabeth G Graves Seci* **APR 03-04**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	OLSON, SHARON	
STREET ADDRESS	7950 COLD SPRINGS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCDERMOTT, JAMES	
STREET ADDRESS	6526 SUN COUNTRY DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILLIS, GERALD	
STREET ADDRESS	7901 OLD FIELD RD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAVES, ELIZABETH	
STREET ADDRESS	7741 WAYBURY ST	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, RITA	
STREET ADDRESS	6445 BELLE TERRA RD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRUGER, JAMES	
STREET ADDRESS	7535 ORANGEWOOD LAKES RD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcy Molan Pres.	
STREET ADDRESS	7751 Greenway Dr	
CITY-ST-ZIP	New Pt Richey, FL 34653	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7750 Lumberlake Dr	
STREET ADDRESS	New Pt Richey, FL 34653	
CITY-ST-ZIP	Dennis Brown	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same - Treasura	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same - Sec.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Larson - Director	
STREET ADDRESS	6520 Sun Country Dr.	
CITY-ST-ZIP	New Pt Richey FL 34653	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amel Russell Director	
STREET ADDRESS	7830 Lumberlake Dr.	
CITY-ST-ZIP	New Pt FL 34653	

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 lines empowered.

SIGNATURE: *Elizabeth G Graves Seci* **APR 3, 04-844-0320**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #