


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90161 048 ****70.00

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # N29888 | | | |  | |
| 1. Entity Name ORANGWOOD 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| GRAVES, ELIZABETH G 7741 WAYBURY ST NEW PORT RICHEY, FL 34653 | | | | Name Bousquet Ruth L. | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 7940 Cold Spring Lane | |
| | | | | City New Port Richey | Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>Ruth L. Bousquet Treas.</u> | | <u>Ruth L. Bousquet</u> | | DATE | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MOLCYN, MARCY 7751 GREENLAWN DR NEW PORT RICHEY, FL 34653 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STELLA Lydick 426 Rambling Rd. New Port Richey, FL 34653 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MCDERMOTT, JAMES 7750 LYNBRIDGE NEW PORT RICHEY, FL 34653 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LA, Phicte, Robert 7751 Waybury St. New Port Richey, FL 34653 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GILLIS, GERALD 7901 OLD FIELD RD NEW PORT RICHEY, FL 34653 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Bousquet Ruth L. 7940 Cold Spring Lane New Port Richey, FL 34653 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GRAVES, ELIZABETH 7741 WAYBURY ST NEW PORT RICHEY, FL 34653 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Tartar, Sandy 6505 Belle Terre New Port Richey, FL 34653 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LARSON, JUDY 6520 SUNS COUNTRY DR. NEW PORT RICHEY, FL 34653 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gillis, Gerald 7745 Waybury New Port Richey, FL 34653 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUSSELL, AMERO 7830 LYNBROOK DR NEW PORT RICHEY, FL 34653 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Holann, Patricia 7751 Cold Spring Lane New Port Richey FL 34653 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ruth L. Bousquet</u> | | <u>3/7/06</u> | | <u>727-847-9448</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

(see back)