FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -5 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29994 (3)

1. Corporation Name

ORANGEWOOD ACRES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2552 ORANGEWOOD ST AVON PARK FL 33825	2552 ORANGEWOOD ST AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1988

3a. Date of Last Report: 05/13/1994

4. FEI Number: 65 0387950 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HARRIS, BERT J., III
212 INTERLAKE BLVD.
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name: Alvin F. Wolcott
82 Street Address (P.O. Box Number is Not Acceptable): 2552 N. Orangewood St.
83
84 City: Avon Park FL 85 Zip Code: 33825

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Alvin Wolcott Alvin F. Wolcott, President 2-5-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	P T	☒ Change ☐ Addition
NAME	HAYES, RICHARD A.	1.2 NAME	Alvin F. Wolcott	
STREET ADDRESS	505 US 27 N.	1.3 STREET ADDRESS	2552 N. Orangewood St.	
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	Avon Park, Fl. 33825	
TITLE	PD	2.1 TITLE	V S	☒ Change ☐ Addition
NAME	WOLCOTT, ALVIN	2.2 NAME	Judy A. Wolcott	
STREET ADDRESS	505 US 27 N.	2.3 STREET ADDRESS	2552 N. Orangewood St.	
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP	Avon Park, Fl. 33825	
TITLE	STD	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WOLCOTT, JUDY A.	3.2 NAME	John Thurber	
STREET ADDRESS	505 US 27 N.	3.3 STREET ADDRESS	1733 W. Orangewood Ln.	
CITY-ST-ZIP	AVON PARK FL	3.4 CITY-ST-ZIP	Avon Park, Fl. 33825	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Alvin Wolcott Alvin F. Wolcott President 2-5-95 813 452 5554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087894