## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N29994**

1. Corporation Name

ORANGEWOOD ACRES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 2552 N. ORANGEWOOD ST.

AVON PARK FL 33825

Mailing Address

2552 N. ORANGEWOOD ST. AVON PARK FL 33825

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90116 026 \*\*\*\*61.25



2 Oringian D	Inco of Business	2a. Mailing Address	illing Addrass			3. Date Incorporated or Qualit	ed		<del></del>	
2. Principal Place of Business		26			<i>(</i> -	12/30/1988			2	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				4. FEI Number			Applied For	
22	., 5.0.	27			65-0387950		-	Not Applicable		
City & State	<del></del>	City & State			5 0 15 1 101 1 5 11		\$8.7	5 Additional		
23		28				5. Certifcate of Status Desired		Fee	e Required	
Zip	Country Zip Cou			ry		6. Election Campaign Financing 55.			<b>00</b> May Be	
24 29 30				_		Trust Fund Contribution Added to Fees			led to Fees	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
				81 Name						
WHITEHOUSE, J. WENDELL				82 Street Address (P.O. Box Number is Not Acceptable)						
143 SOUTH RIDGEWOOD DR.				$\perp$						
SEBRING I	FL 33870		8:	3						
			84	4 0	City			85	Zip Code	
				L		<del></del>	FL	44		
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					, <u>.</u>		DATE		<u></u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				ent sig	mature required	ADDITIONS/CHANGES TO		D DIRE	CTORS IN 12	
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE		PD			☐ Cha		
NAME	NEGLEY, JOHN		1.2 NAME			afe. Blanche			- 1	
	· · · · · · · · · · · · · · · · · · ·				}	84 No Orangewood S	treet		l	
Lo 10 11. Old Wilder			1.4 CITY-		1	on Park FL 33825				
CITY-ST-ZIP	AVON PARK FL 33825	[] DELETE	2.1 TITLE	_	Ba	ird, Larry		☐ Chai	nge [X] Addition	
NAME T	MABEL		2.2 NAME			00 E. Orangewood C	ourt	_	• –	
STREE	ENGLAND	ابين سب ـ س	2.3 STREE		DRESS AVO	on Park FL- 338	25 ·			
			2.4 CITY-ST-ZIP V P D		hr D r	D				
CITY-ST-	VD	DELETE	3.1 TITLE		s D		-	Cha	nge 😧 Addition	
NAME	COPSEY, DON	77	3.2 NAME	Ξ	Jol	hnson, Arvona				
	2402 N ORANGEWOOD ST		3.3 STREE	ET ADI	- 1	94 N. Orangewood S	treet			
CITY-ST-ZIP	AVON PARK FL 33825		3.4. CTY-		- 1	on Park' FL 338				
TITLE	TD	[3] DELETE	4.1 TITLE		T D ·			Cha	nge Addition	
NAME	ROGERS, ROBERT C.	*	4. 2 NAMS			nd. Robert			^^	
STREET ADDRESS	1715 W. ORANGEWOOD PLACE		4.3 STREI	ET ADI		18 N. Orangewood S	t no 0 t			
CITY-ST-ZIP	AVON PARK FL 33825		4.4 CITY-				825			
TITLE	D	▼ DELETE	5.1 TITLE		D D	M. Farik Ft 33	0 2 3	Cha	nge 🙀 Addition	
NAME	WOLCOTT, ALVIN		52 NAME	•	Fol	ll. Robert				
	2435 N. AZALEA DR.		5.3 STRE	ETADI		39 W. Orangewood P	lace			
CITY-ST-ZIP.	AVON PARK FL 33825	•	5.4 CITY-	ST-ZII	_ 1	on Park. FL 3382			'	
TITLE	ATD	☑ DELETE	6.1 TITLE		70	<u> </u>		Cha	nge 🛛 Addition	
NAME	KIIVERI, HELLI		6.2 NAME	Ē	Πat	te, Walter				
STREET ADDRESS	1715 WEST ORANGEWOOD PLA	CE	6.3 STREE	ET ADI	DRESS 175	51 W. Orangewood	Place		:	
CITY-ST-ZIP	AVON PARK FL 33825	·	6.4 CITY-	ST-ZII	P AVO	on Park FL 33825			ľ	
								40		

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 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 atjachment with an address, with all other like empowered.