2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29994

1. Entity Name

ORANGEWOOD ACRES HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State
04-21-2000 90102 047 ****61.25

Principal Place of Business	Mailing Address
2552 N. ORANGEWOOD ST. AVON PARK FL 33825	2552 N. ORANGEWOOD ST. AVON PARK FL 33825-7918

DO NOT WRITE IN THIS SPACE

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 65-0387950 ☐ Applied For ☐ Not Applicable

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
WHITEHOUSE, J. WENDELL 143 SOUTH RIDGEWOOD DR. SEBRING FL 33870	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.

SIGNATURE _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ VPD CHAFE, BLANCHE 2484 N ORANGEWOOD ST AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALVA DOWNING 1713 W. ORANGEWOOD LANE AVON PARK FL 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD ENGLAND, MABEL 1736 W. ORANGEWOOD LANE AVON PARK FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FENTON SAUNDERS 2521 N. ORANGEWOOD ST AVON PARK FL 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BAIRD, LARRY 1600 ORANGEWOOD CT AVON PARK FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD CATHERINE FARMER 2488 N. ORANGEWOOD ST AVON PARK FL 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ TD JOHNSON, ARVONA 2494 N ORANGEWOOD ST AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAUREN POSEY 1712 W. ORANGE WOOD LANE AVON PARK FL 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOND, ROBERT 2518 N ORANGEWOOD ST AVON PARK FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TATE, WALTER 1751 W ORANGEWOOD PL AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: ARVONA M. JOHNSON ARVONA M. JOHNSON 4-13-00 863-452-25[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #