2001 UNIFORM BUSINESS REPORT (UBR)

Apr 06, 2001 8:00 am [§] Secretary of State DOCUMENT # N29994 1. Entity Name ORANGEWOOD ACRES HOMEOWNERS' ASSOCIATION, INC. 04-06-2001 90017 024 ****61.25 Principal Place of Business Mailing Address 2552 N. ORANGEWOOD ST. 2552 N. ORANGEWOOD ST. AVON PARK FL 33825 AVON PARK FL 33825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0387950 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired : - 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLIFFORD R. RHODES Street Address (P.O. Box Number is Not Acceptable) WHITEHOUSE, J. WENDELL N. RIDGEWOOD 143 SOUTH RIDGEWOOD DR. SEBRING FL 33870 City SEBRING 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **Addition** TITLE VD. ☐ Delete TITLE SLAUTER, BARBARA NAME NAME CHAFE, BLANCHE PL1710 STREET ADDRESS STREET ADDRESS 2484 N ORANGEWOOD ST AVON PARK, FL 33825 CITY-ST-ZIP CITY-ST-ZIP **AVON PARK FL 33825** Change Addition SD **Delete** TITLE TITLE WATTS, RON DOWNING, ALVA NAME NAME 1743 W. ORANGEWOOD STREET ADDRESS STREET ADDRESS 1713 W ORANGEWOOD LANE AVOW PARK FL 33825 CITY-ST-ZIP-CITY-ST-ZIP AVON PARK FL 33825 ☐ Change ☐ Addition PD ☐ Delete TITLE SAUNDERS, FENTON NAME NAME STREET ADDRESS STREET ADDRESS 2521 N ORANGEWOOD ST CITY-ST-7IP CITY-ST-ZIP AVON PARK FL 33825 Change □ Addition ☐ Delete TITLE TITLE TD JOHNSON, ARVONA NAME NAME STREET ADDRESS STREET ADDRESS 2494 N ORANGEWOOD ST CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL 33825 ☐ Delete TIT! F ☐ Change ☐ Addition ATD TITI F NAME FARMER, CATHERINE NAME STREET ADDRESS STREET ADDRESS 2488 N ORANGEWOOD ST CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL 33825 ☐ Delete TITLE ☐ Change ☐ Addition TITLE D NAME NAME TATE, WALTER STREET ADDRESS STREET ADDRESS 1751 W ORANGEWOOD PL CITY-ST-ZIP CITY-ST-7IP AVON PARK FL 33825

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:

SIGNATURE AND TYPED OR PRINTED YAME OF SIGNING OFFICER OR DIRECTOR JOHN SON 4-3-01