2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State
03-14-2006 90028 008 ****61.25

DOCUMENT # N29994

1. Entity Name
ORANGEWOOD ACRES HOMEOWNERS' ASSOCIATION, INC.

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

03102006 Chg-NP CR2E037 (11/05)

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
RHODES, CLIFFORD R P.A. 227 N RIDGEWOOD DRIVE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD SPIEGEL, SHARLENE A 1746 ORANGE WOOD PL AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TATE WALTER 1757 ORANGEWOOD St AVON PARK, Fl. 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FROOD, REGINALD 2516 ORANGE WOOD ST AVON PARK, FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARKER ERIC 1758 ORANGEWOOD LN. AVON PARK Fl 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARLSON, BENITA 2490 ORANGE WOOD ST AVON PARK, FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MACK JOAN 2490 ORANGEWOOD St AVON PARK Fl. 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD JOHNSON, ARVONA 2494 N ORANGEWOOD ST AVON PARK, FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH KESTER 1711 ORANGEWOOD PL AVON PARK Fl. 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD FARMER, CATHERINE 2488 N ORANGEWOOD ST AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT FOll 1739 ORANGEWOOD Pl AVON PARK, Fl. 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACK, ROBERT 2490 ORANGEWOOD STREET AVON PARK, FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Catherine J Farmer 3-10-06 863-453-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #