

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90096 023 \*\*\*\*61.25

**DOCUMENT # N29994**

1. Entity 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**

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

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

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 **PP** ☐ Delete  
NAME **CHAFE, BLANCHE**  
STREET ADDRESS **2484 N ORANGEWOOD ST**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☒ Addition  
NAME **D FAY WELTER**  
STREET ADDRESS **2506 ORANGEWOOD ST.**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE ☒ Delete  
NAME **SD WATTS, RON**  
STREET ADDRESS **1743 W ORANGEWOOD PLACE**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☒ Addition  
NAME **SD BENITA CARLSON**  
STREET ADDRESS **1711 ORANGEWOOD PLACE**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE ☒ Delete  
NAME **PD SAUNDERS, FENTON**  
STREET ADDRESS **2521 N ORANGEWOOD ST**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☒ Addition  
NAME **D ROBERT MACK**  
STREET ADDRESS **2490 ORANGEWOOD ST.**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE ☐ Delete  
NAME **TD JOHNSON, ARVONA**  
STREET ADDRESS **2494 N ORANGEWOOD ST**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **ATD FARMER, CATHERINE**  
STREET ADDRESS **2488 N ORANGEWOOD ST**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **D TATE, WALTER**  
STREET ADDRESS **1751 W ORANGEWOOD PL**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 JOHNSON** 01/31/03 863-452-2519

CR2E037 (10/02)