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 # N9800005205

1. Corporation Name

NORTH ORANGE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Busines
1060 OREGON CT
SARASOTA FL 34236

2. Principal Place of Business

Mailing Address

1060 OREGON CT SARASOTA FL 34236

2a. Mailing Address

FILED

99 APR 27 PH 3: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualifed 09/11/1998



Suite, Apt	ite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		App	lied For	
22	27							Not	Applicable	
City & Sta	City & State City & State			5 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				\$8.75 Additional		
23	28					5. Certificate of Status Desired	F	ee Req	uired	
Zip	Country	Zip	Countr	ountry		6. Election Campaign Financing	\$5	,00 k	May Be	
24	25	293	30			Trust Fund Contribution		ided to		
Name and Address of Current Registered Agent				_		10. Name and Address of New Register	ed Agent			
			8	1	Name					
THOMPSON, STEPHEN W				82 Street Address (P.O. Box Number is Not Acceptable)						
1205 MANATEE AVENUE WEST				• I	Ollect Mod	(.O. Dox Humber is Not Acceptable)				
				3						
DIVIDENTON 1 E 04200										
			84	4 '	City	F	85	Zip Co	ode	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above named corporation submits this statement for the purgose 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	Signature, typed or printed name of registered ag	ent and little if applicable (NOTE R	tenistered Ana	ent si	ionature require	ed when reinstating) DATE				
12.		ND DIRECTORS	13.		9.0.0.0.0.0	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12	
TITLE	PSD	☐ DELETE	1 1 TITLE				[] Ch		[] Addition	
NAME	WARD, LONNIE JR		1.2 NAME					•		
STREET ADDRESS	1060 OREGON CT		1.3 STREE		nocce	20000289	941	l 2.	3	
CITY-ST-ZIP	0.5.0054 54 0.005			-04/30/990114					019	
TITLE	VD	☐ DELETE	21 TITLE		<u>"</u>	**************************************	管 円標	表表本	TEN AUTO	
NAME	WARD, JAMES		2 2 NAME		ŀ		_ []0.1	ang-		
			23 STREE		22500				1	
STREET ADDRESS	ONDIGOTA MI ALGOR				- 1				Ì	
CITY-ST-ZIP TITLE	TD	☐ DELETE	2 4 CITY. 31 TITLE	SI-Z	ZIP		 ☐ Cha	2010	Addition	
NAME	TROUPE, FLORA	Doctor	32 NAME		}			nige	Naoitori	
-			1							
STREET ADDRESS			33 STREE		ì				}	
CITY-ST-ZIP	SARASOTA FL 34236	DELETE	34 CITY-	ST-Z	² IP				(T) 4.1200	
TITLE		☐ DELETE	4.1 TITLE				☐ Cha	ange	Addition	
NAME			4 2 NAME		Í				\	
STREET ADDRESS			43STREE		i i				ı	
CITY-ST-ZIP			44 CITY-5	ST-ZI	IP _					
TITLE		☐ DELETE	51 TITLE		-	$\sim 10^{12}$	☐ Cha	ange	☐ Ad dition	
NAME			5.2 NAME			$/\sim 1$			Į	
STREET ADDRESS			53STREE			1 (1)			ĺ	
CITY-ST-ZIP			5 4 CITY-5	ST Z⊧	₽	· · · · · · · · · · · · · · · · · · ·				
TITLE		☐ DELETE	61 TITLE		{	\	[] Cha	inge	Addition	
NAME			62 NAME						}	
STREET ADDRESS	1		63 STREE		1				{	
CITY-ST-ZIP	earlify that the information supplied u		64 CITY-5	ST-ZI	P	Paging 110 07/3V/) Florida Statutos I fudhar				

SIGNATURE: