FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 10:58

DOCUMENT # N09456 (7)

1. Corporation Name

ORANGE MANOR EAST MOBILE HOME OWNER'S ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
132 MANDARIN DR. WINTER HAVEN FL 33884-0020	132 MANDARIN DR. WINTER HAVEN FL 33884-0020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1985
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2543681 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EATON, JOYCE
132 MANDARIN DR.
WINTER HAVEN FL 33884-0020

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KEMP, NEAL	1.2 NAME	
STREET ADDRESS	187 VALENCIA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BITLER, DOROTHY	2.2 NAME	
STREET ADDRESS	124 KING DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	FUNKHOUSER, OTHO	3.2 NAME	
STREET ADDRESS	147 MANDARIN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	FLORENCE, JOYCE	4.2 NAME	
STREET ADDRESS	561 TEMPLE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	EATON, JOYCE	5.2 NAME	
STREET ADDRESS	132 MANDARIN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	FLORY, VIRGIL	6.2 NAME	HAROLD GUNN
STREET ADDRESS	9 TEMPLE CIRCLE	6.3 STREET ADDRESS	26 TANGELO DR.
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	WINTER HAVEN, FL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joyce M. Florence 3-8-95 813-324-6488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068703

D

12. William Kerschner change
29 Tangelo Dr.
Winter Haven Fl. 33884

Delete:James Trewhitt
77 Murcott Dr.
Winter Haven, Fl. 33884