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

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

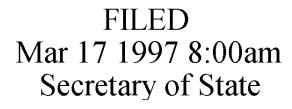
DOCUMENT #

(7)

ORANGE MANOR EAST MOBILE HOME OWNER'S ASSOCIATIO

Principal Place of Business

Mailing Address





132 MANDARIN DR. Winter Haven Fl 33884-0020			132 MANDARIN DR. WINTER HAVEN FL 33884-3020						
						3. Date Incorporated or Qualified 05/24/1985	3a. Date of L 04/0	ast Report 5/1996	
2. Principal I	Place of Business	2a. Mailing Addr	2a. Mailing Address			4. FEI Number			
21		26				59-2543681	<b>59-2543681</b> Not Applicable		
Suite, Apt	t. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	5. Certificate of Status Desired Security Securi		
City & Sta	ite	City & State				6. Election Campaign Financing	\$5	.00 May Be	
23	·	28				Trust Fund Contribution		ded to Fees	
Zip			ountry	5. This corporation has itability for intangible tax under 8. 199.0		der s. 199.032,			
24	25 29 30 9. Name and Address of Current Registered Agent			)		Florida Statutes Yes No			
	9. Name and Address of C	urrent Registered Agent		04	••	10. Name and Address of New Re	gistered Agent		
				81	Name				
	i, joyce Andarin dr.			82 Street Addre		ddress (P.O. Box Number is Not Acceptal	ole)		
	R HAVEN FL 33884-0020			83		1	··· <del>-</del>		
				84	City		FL	Zip Code	
11. Pursuant office or agent. I	am/ramiliar with, and accept the	7.0502 and 617.1508, Florid State of Florida. Such chan obligations of, Section 617.	la Statutes, the ge was authoriz 0503, Florida St	above- zed by tatutes.	named of the corp	corporation submits this statement for the poration's board of directors. I hereby acceptances		ing its registered nt as registered	
SIGNATURE	Signature Siped or printed name of register	ered agent and tillo if applicable.	(NO1E: Rogiste	ered Agen	t signature r	equired when reinstating)	3/10/97		
12.	OFFICEF	S AND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 12	
TITLE	PD	☐ DELETË 1.1		TITLE	1	D	☐ Cha	ange 🔀 Addition	
NAME	KEMP, NEAL		1.2 !			ALETA WHITAKER			
STREET ADDRESS	10	1.3				133 MANDARIN DR			
CITY-ST-ZIP	WINTER HAVEN FL			CITY-ST	- ZIP	WINTER HAVEN, FL			
TITLE	l vo	DELETE 2.1		TITLE	]		☐ Cha	ange 🔲 Addition	
NAME	MORLOCK, ARTHUR		2.2	2.2 NAME					
STREET ADDRESS	205 ORANGE MANOR D	DRIVE	2.3 \$		DORESS				
CITY-ST-ZIP	WINTER HAVEN FL			4 CITY - ST	- ZIP				
TITLE	SD	DE	LETE 3.1	TITLE			☐ Cha	ange 🔲 Addition	
NAME	BENEDICT, HESTER		3.2	NAME	1				
STREET ADDRESS			3.3	STREET A	DDRESS				
CITY-ST-ZIP	WINTER HAVEN FL			. CITY-ST	- ZIP				
TITLE	D	☐ DE	LETE 4.1	TITLE			☐ Cha	ange Addition	
NAME	KERSHNER, WILLIAM		4.2	2 NAME					
STREET ADDRESS			4.3	STREET A	DDRESS				
CITY-ST-ZIP	WINTER HAVEN FL			CITY-ST	- ZIP				
TITLE	TD	DELETE 5.1 T		TITLE			☐ Cha	inge 🔲 Addition	
NAME	EATON, JOYCE		5.2	NAME					
STREET ADDRESS			5.3	STREET A	DDRESS	-			
CITY-ST-ZIP	WINTER HAVEN FL			CITY-ST	- ZIP				
TITLE	0	☐ DE	LETE 61	TITLE			Cha	nge 🔲 Addition	
NAME	GUNN, HAROLD		62	NAME	Į				
STREET ADDRESS	26 TANGELO DR.		63	STREET A	DDRESS				
CITY-ST-ZIP	WINTER HAVEN FL		64	CITY-ST	- ZIP				

14. I do 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 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.