## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

ORANGE MANOR EAST MOBILE HOME OWNER'S ASSOCIATIO

## **FILED** Mar 26 1998 8:00am Secretary of State

N, INC	•							
Principal Place of Business Mailing Address						- 2011 DEB(1 <b>2161) U</b> l	an vivil en	INIT BEERF 1891
132 MANDARIN DR. 132 MANDARIN DR. WINTER HAVEN FL 33884-0020 WINTER HAVEN FL 33884-0020			0020		3. Date Incorporated or Qualified 05/24/1985			
					4. FEI Number		Aŗ	oplied For
					5 <del>9-254368</del> 1		No	ot Applicable
2. Principal Pi 21	lace of Business	2a. Mailing Address	2a. Mailing Address			Certificate of Status Desired Section		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing		\$5.00	
27					Trust Fund Contribution		Added to	
City & State	City & State	& State		7. Is this nonprofit corporation a homeowners association?				
Zip	Country	Zip	Count	ry	8. This corporation owes or has p			angible
24	25	29	30	,	Personal Property Tax due Jun			] No
	9. Name and Address of Cur		122		10. Name and Address of New R	egistered Agr	ent	
			8	1 Name				
EATON, JOYCE			ē	2 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
132 MANDARIN DR. WINTER HAVEN FL 33884-0020				3				
******	17/12/11/2 00001 0020		-	4 62			- 7:-	0-1-
			le le	4 City		FL I	35 Zip	Code
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508, Florida State	ites, the abo	ve-named co	rporation submits this statement for the	purpose of ch	anging if	ts registered
office or re	egistered agent, or both, in the St	ate of Florida. Such change was	authorized	by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appoint	ment as	registered
	LAMANO TVI	- n Ton	27	<u> </u>		3/10/	98	
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable (NC	TE: Registered A	gent signalure regi	uired when reinigating)	DATE	70	
12.	OFFICERS :	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTOR	
TITLE	PD	☐ DELETE	1.1 TOTAL				Change	Addition
NAME	KEMP, NEAL		1.2 NAM	E R	ATTIGAN, JOHN			•
STREET ADDRESS	187 VALENCIA DR.		1.3 STRE		STEMPLE CR			
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CiTY	-ST-ZIP V	VINTER HAVEN, FL 3388	4		
TITLE	VO	DELETE	2.1 TITL		······································		Change	Addition
NAME	MORLOCK, ARTHUR		2.2 NAM	E				
STREET ADDRESS	205 ORANGE MANOR DRI	VE	2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL		2. 4 Cm	r-ST-ZIP				
TITLE	\$D	☐ DELETE	3.1 TITL				Change	Addition
NAME	BENEDICT, HESTER		3.2 NAM	E				
STREET ADDRESS	5 TEMPLE CIRCLE			ET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL			-ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE				Change	Addition
NAME	KERSHINER, WILLIAM	_ `	4. 2 NAN	1			-	
STREET ADDRESS	29 TANGELO DRIVE			ET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL			-ST-ZIP				
TITLE .	TD	DELETE	5.1 TITU				Change	Addition
NAME	EATON, JOYCE		5.2 NAM				-	
STREET ADDRESS	132 MANDARIN DR			ET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL			-ST-ZIP				
TITLE	D	DELETE	6.1 TITU				Change	Addition
NAME	GUNN, HAROLD		6.2 NAM			<b></b>		
	26 TANGELO DR.							
STREET ADDRESS	WINTER HAVEN FL			ET ADDRESS				
CITY-ST-ZIP	I THRICK FLAYER FL		■ B.4 CITY	-ST-ZIP				

14. 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 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:

3/19/98