


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90069 015 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N09456					
1. Corporation Name ORANGE MANOR EAST MOBILE HOME OWNER'S ASSOCIATION, INC.					
Principal Place of Business 132 MANDARIN DR. 3 WINTER HAVEN FL 33884 0020			Mailing Address 132 MANDARIN DR. 3 WINTER HAVEN FL 33884 0020		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country		3. Date Incorporated or Qualified 05/24/1985	
4. FEI Number 59-2543681		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent EATON, JOYCE 132 MANDARIN DR. 3 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	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Joyce M. Eaton (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KEMP, NEAL			1.2 NAME	GOLDEN, VINCE		
STREET ADDRESS	187 VALENCIA DR.			1.3 STREET ADDRESS	201 ORANGE MANOR DR		
CITY-ST-ZIP	WINTER HAVEN FL			1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MORLOCK, ARTHUR			2.2 NAME	CLIFTON TURK		
STREET ADDRESS	205 ORANGE MANOR DRIVE			2.3 STREET ADDRESS	200 ORANGE MANOR DR		
CITY-ST-ZIP	WINTER HAVEN FL			2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENEDICT, HESTER			3.2 NAME	MOULTHROUP, MARILYN		
STREET ADDRESS	5 TEMPLE CIRCLE			3.3 STREET ADDRESS	182 VALENCIA DR		
CITY-ST-ZIP	WINTER HAVEN FL			3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	DS	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KERSHNER, WILLIAM			4.2 NAME	SCHROYER, WILLIAM		
STREET ADDRESS	29 TANGELO DRIVE			4.3 STREET ADDRESS	44 TANGELO DR		
CITY-ST-ZIP	WINTER HAVEN FL			4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUNN, HAROLD			6.2 NAME			
STREET ADDRESS	26 TANGELO DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			6.4 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, with all other like empowered.

SIGNATURE: NEAL KEMP SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)