

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09456

1. Entity Name

ORANGE MANOR EAST MOBILE HOME OWNER'S ASSOCIATIO

Principal Place of Business

132 MANDARIN DR.  
WINTER HAVEN FL 33884-0020

Mailing Address

132 MANDARIN DR.  
WINTER HAVEN FL 33884-3020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2543681

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~EATON, JOYCE~~ MARILYN MOULTHROUP  
132 MANDARIN DR.  
WINTER HAVEN FL 33884-3020

Name

MARILYN MOULTHROUP

Street Address (P.O. Box Number is Not Acceptable)

(MAILING ADDRESS)

132 MANDARIN DR

City

WINTER HAVEN

FL

Zip Code

33884

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Marilyn Moulthrop, treas.*

3/29/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~DB~~ ☐ Delete  
NAME KEMP, NEAL  
STREET ADDRESS 187 VALENCIA DR.  
CITY-ST-ZIP WINTER HAVEN FL

TITLE ~~D~~ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~VB~~ ☐ Delete  
NAME GOLDEN, VINCE  
STREET ADDRESS 201 ORANGE MANOR DRIVE  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ~~PD~~ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~D~~ ☐ Delete  
NAME TURK, CLIFTON  
STREET ADDRESS 200 ORANGE MANOR DRIVE  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~D~~ ☒ Delete  
NAME KERSHNER, WILLIAM  
STREET ADDRESS 29 TANGELO DRIVE  
CITY-ST-ZIP WINTER HAVEN FL

TITLE ~~SD~~ ☐ Change ☐ Addition  
NAME SAVAGE, WILLIAM  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~TD~~ ☒ Delete  
NAME EATON, JOYCE  
STREET ADDRESS 132 MANDARIN DR  
CITY-ST-ZIP WINTER HAVEN FL

TITLE ~~TD~~ ☐ Change ☐ Addition  
NAME MOULTHROUP, MARILYN  
STREET ADDRESS 187 VALENCIA DR  
CITY-ST-ZIP WINTER HAVEN FL. 33884

TITLE ~~VB~~ ☐ Delete  
NAME SCHROYER, WILLIAM  
STREET ADDRESS 44 TANGELO DRIVE  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ~~VD~~ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Marilyn Moulthrop, treas.*

3/29/2000

863-

335-8458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)