

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

0067941

**DOCUMENT # N09456**

1. Entity Name

**ORANGE MANOR EAST MOBILE HOME OWNER'S ASSOCIATIO**

03-26-2001 90035 003 \*\*\*\*61.25

Principal Place of Business

132 MANDARIN DR.  
 WINTER HAVEN FL 33884-0020

Mailing Address

132 MANDARIN DR.  
 WINTER HAVEN FL 33884-0020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2543681**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOULTHROUP, MARILYN**  
**132 MANDARIN DR**  
**WINTER HAVEN FL 33884-3020**

Name

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

City

**FL**

Zip Code

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.*

*3/19/2001*

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 **D** ☒ Delete  
 NAME **KEMP, NEAL**  
 STREET ADDRESS **187 VALENCIA DR.**  
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **ADD** ☐ Change ☐ Addition  
 NAME **HALL, LOUIS**  
 STREET ADDRESS **165 VALENCIA DR**  
 CITY-ST-ZIP **WINTER HAVEN FL. 33884**

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

TITLE ☐ 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 **SD** ☐ Delete  
 NAME **SAVAGE, WILLIAM**  
 STREET ADDRESS **29 TANGELO DRIVE**  
 CITY-ST-ZIP **WINTER HAVEN FL**

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

TITLE **TD** ☐ Delete  
 NAME **MOULTHROUP, MARILYN**  
 STREET ADDRESS **182 VALENCIA DR**  
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

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

TITLE **VD** ☒ Delete  
 NAME **SCHROYER, WILLIAM**  
 STREET ADDRESS **44 TANGELO DRIVE**  
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **D** ☒ Change ☐ Addition  
 NAME **SCHROYER, WILLIAM**  
 STREET ADDRESS **44 TANGELO DRIVE**  
 CITY-ST-ZIP **WINTER HAVEN, FL. 33884**

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.* *3/19/01* *863-325-8458*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)