

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90074 046 ****61.25

DOCUMENT # N09456

1. Entity Name

ORANGE MANOR EAST MOBILE HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

132 MANDARIN DR.
 WINTER HAVEN FL 33884-0020

132 MANDARIN DR.
 WINTER HAVEN FL 33884-0020

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.

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

(NOTE: Registered Agent signature required when reinstating)

3/12/02
 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 ☐ Delete
 NAME **VD**
 STREET ADDRESS **HALL, LOUIS**
 CITY-ST-ZIP **185 VALENCIA DR.**
WINTER HAVEN FL 33884

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **REGATUSO, JOE**
 CITY-ST-ZIP **180 VALENCIA DR.**
WINTER HAVEN, FL 33884

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

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **SAVAGE, WILLIAM**
 CITY-ST-ZIP **90 ORANGE MANOR DR.**
WINTER HAVEN, FL 33884

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **ENGLERT, JUDY**
 CITY-ST-ZIP **65 TEMPLE CIRCLE**
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: VINCE GOLDENE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02
 Date Daytime Phone #

CR2E037 (9/01)