

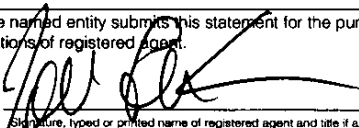


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90043 023 ****61.25

DOCUMENT # N09456 1. Entity Name ORANGE MANOR EAST MOBILE HOME OWNER'S ASSOCIATION, INC.							
Principal Place of Business 93 ORANGE MANOR DRIVE WINTER HAVEN, FL 33884			Mailing Address 93 ORANGE MANOR DRIVE WINTER HAVEN, FL 33884				
2. Principal Place of Business - No P.O. Box # 76 MURCOTT DRIVE Suite, Apt. #, etc. WINTER HAVEN, FL City & State (POLK COUNTY) Zip 33884 Country USA		3. Mailing Address 76 MURCOTT DRIVE Suite, Apt. #, etc. WINTER HAVEN, FL City & State (POLK COUNTY) Zip 33884 Country USA					
04092007 Chg-NP CR2E037 (12/06)				4. FEI Number 59-2543681			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
6. Name and Address of Current Registered Agent The Sherman Law Firm, PLLC Joel Lee Sherman, Esquire 115 North MacDill Avenue Tampa, FL 33609-1521			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				
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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> 7/5/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	T	(APPOINTEE)	<input type="checkbox"/> Delete	TITLE	PD		
NAME	SNIDER, THOMAS			NAME	WINDHAUSEN, CHARLES EDWARD		
STREET ADDRESS	105 MURCOTT DRIVE			STREET ADDRESS	134 MANDARIN DRIVE		
CITY-ST-ZIP	WINTER HAVEN, FL 33884			CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUTLER, JAY			NAME	EGGLESTON, EUGENE (ROW)		
STREET ADDRESS	93 ORANGE MANOR DR			STREET ADDRESS	76 MURCOTT DRIVE		
CITY-ST-ZIP	WINTER HAVEN, FL 33884			CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WINDHAUSEN, EDWARD			NAME	ALTENBURG, PAUL		
STREET ADDRESS	134 MANDARIN DR.			STREET ADDRESS	66 TEMPLE CIRCLE		
CITY-ST-ZIP	WINTER HAVEN, FL 33884			CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCAROL, HOWARD			NAME	LONG, REBECCA (BECKY)		
STREET ADDRESS	181 VALENCIA DR.			STREET ADDRESS	21 TEMPLE CIRCLE		
CITY-ST-ZIP	WINTER HAVEN, FL 33884			CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOLDEN, VINCE			NAME	BELL, GLENN		
STREET ADDRESS	201 ORANGE MANOR DRIVE			STREET ADDRESS	122 MANDARIN DRIVE		
CITY-ST-ZIP	WINTER HAVEN, FL 33884			CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOODS, CONNIE			NAME			
STREET ADDRESS	182 VALENCIA			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33884			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Charles E Windhausen (CHARLES E WINDHAUSEN)</u> 04/09/07 863 324 1802 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							