

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706662

FILED
Apr 21, 2008
Secretary of State

Entity Name: ORANGE VILLA MOBILE HOMES ASSOCIATION, INC.

Current Principal Place of Business:

4511 WELCOME DR
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

4511WELCOME DR
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 30-3106052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILTENBERGER, CLAUDINE
4602 WELCOME DR
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CUNNINGHAM, JOANNE
Address: 4710 HIBISCUS CT
City-St-Zip: SEBRING, FL 33870

Title: VP () Delete
Name: UNGER, CLIFFORD
Address: 4622 HIBISCUS CT.
City-St-Zip: SEBRING, FL 33870

Title: S () Delete
Name: MULLINS, CAROLE
Address: 4703 HIBISCUS CT.
City-St-Zip: SEBRING, FL 33870

Title: T () Delete
Name: MILTENBERGER, CLAUDINE
Address: 4602 WELCOME DR
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: HOPKINS, RAY
Address: 4701 TANGERINE LN
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: CARNEY, ANNA
Address: 4603 ORANGE BIVD
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MUNRO, MARIAN
Address: 4716 HIBISCUS CT
City-St-Zip: SEBRING, FL 33870

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDINE MILTENBERGER

T

04/21/2008

Electronic Signature of Signing Officer or Director

Date