


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90025 042 ****61.25

DOCUMENT # 707528	
1. Entity Name ORANGEBROOK GOLF APARTMENTS INC., A CONDOMINIUM	

Principal Place of Business 3600 JACKSON STREET HOLLYWOOD, FL 33021	Mailing Address 3600 JACKSON STREET HOLLYWOOD, FL 33021
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40035555



02052008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-1162338	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAYES, THOMAS 3600 JACKSON STREET APT. 4 HOLLYWOOD, FL 33021
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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.	
SIGNATURE <i>X Thomas Hayes</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>THOMAS HAYES, PRESIDENT 2/13/08</i> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSLER, JOAN 3600 JACKSON ST., 25 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRAMER, KATHRYN 3600 JACKSON ST., #29 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONGO, JOHN 3600 JACKSON ST., 1 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CUMINALE, RICHARD 3600 JACKSON STREET, APT 7 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, THOMAS 3600 JACKSON ST., 4 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JERUSTRON, JULIA (DIRECTOR) 3600 JACKSON ST. #29 HOLLYWOOD, FL 33021

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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: <i>Kathryn Kramer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>KATHRYN KRAMER, 2/13/08 954-961-9149</i> <small>TREASURER</small>