FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:24

DOCUMENT # 722669 (9)

1. Corporation Name
ORANGE GROVE PARK CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
412 CACTUS CIR. LEHIGH ACRES FL 33936	412 CACTUS CIR. LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1972
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1381630 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Financing ☐ **$5.00** May Be Added to Fees
501(c)(3) ☐ **$68.75** Supplemental Fee Not Required
has liability for intangible tax under S. 199.032, ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite
27
City
28
Zip 29

D. Paul Lucchesi
11 Hamlin Ct.

9. Name and Address of Current Register

PELUSO, ROSE
412 CACTUS CIRCLE
LEHIGH ACRES FL 33936

ress of New Registered Agent

s Not Acceptable)

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	ELMER, LUCILLE	1.2 NAME	
STREET ADDRESS	5 TEMPLE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	T ☒ Change ☒ Addition
NAME	MERCURIO, MARYLOU	2.2 NAME	Rose Peluso
STREET ADDRESS	321 CLEVELAND AVE	2.3 STREET ADDRESS	412 cactus cir
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	Lehigh Acres FL 33936
TITLE	S	3.1 TITLE	5. ☒ Change ☐ Addition
NAME	CARMODY, ALICE	3.2 NAME	Dorothy Filisiewing
STREET ADDRESS	34 TANGELO CTS.	3.3 STREET ADDRESS	24 Heath Cotumbine
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	Lehigh Acres FL 33936
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	PREICHERT, ANNE	4.2 NAME	
STREET ADDRESS	6 TEMPLE CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	ARVANTA, FLORENCE	5.2 NAME	Mike Bodura
STREET ADDRESS	29 TANGERINE CT	5.3 STREET ADDRESS	60 Tangerine Ct
CITY-ST-ZIP	LEHIGH ACRES FL	5.4 CITY-ST-ZIP	Lehigh Acres FL 33936
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	TRACY, STANLEY	6.2 NAME	Doris Watkins
STREET ADDRESS	45 TANGERINE CT	6.3 STREET ADDRESS	56 Temple Ct
CITY-ST-ZIP	LEHIGH ACRES FL	6.4 CITY-ST-ZIP	Lehigh Acres FL 33936

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rose Peluso 2/6/95 813-369-1524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000484