

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90014 019 \*\*\*\*61.25

|                                                              |                                                                                   |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 722669</b>                                     |  |
| 1. Entity Name<br><b>ORANGE GROVE PARK CONDOMINIUM, INC.</b> |                                                                                   |

|                                                                                                            |                                                                                                |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>ATTN: REBA MONEY, PRES<br/>60 TEMPLE COURT<br/>LEHIGH ACRES FL 33936</b> | Mailing Address<br><b>ATTN: REBA MONEY, PRES<br/>60 TEMPLE COURT<br/>LEHIGH ACRES FL 33936</b> |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|



|                                                                           |                                               |
|---------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---------------------------------------------------------------------------|-----------------------------------------------|

1st MOORE CR2E037 (10/07)

|              |              |                                    |                                                        |
|--------------|--------------|------------------------------------|--------------------------------------------------------|
| City & State | City & State | 4. FEI Number<br><b>59-1381630</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country                                                |

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>MONEY, REBA<br/>35 HAMLIN CT<br/>LEHIGH ACRES FL 33936</b> |  |
|----------------------------------------------------------------------------------------------------------------------|--|

|                                                    |             |
|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent        |             |
| 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. I am familiar with, and accept the obligations of registered agent.

|                 |                                                              |            |
|-----------------|--------------------------------------------------------------|------------|
| SIGNATURE _____ | (NOTE: Registered Agent signature required when registering) | DATE _____ |
|-----------------|--------------------------------------------------------------|------------|

|                                                        |                                                                                     |                                        |                                                              |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                              |
|----------------------------|----------------------------------------------|
| TITLE                      | V <input checked="" type="checkbox"/> Delete |
| NAME                       | <b>HANDLEY, MARVIN</b>                       |
| STREET ADDRESS             | <b>4 HAMLIN CT</b>                           |
| CITY-ST-ZIP                | <b>LEHIGH ACRES FL 33936</b>                 |
| TITLE                      | P <input type="checkbox"/> Delete            |
| NAME                       | <b>MONEY, REBA</b>                           |
| STREET ADDRESS             | <b>35 HAMLIN CT</b>                          |
| CITY-ST-ZIP                | <b>LEHIGH ACRES FL 33936</b>                 |
| TITLE                      | D <input type="checkbox"/> Delete            |
| NAME                       | <b>MARAVENTANO, BERTHA S</b>                 |
| STREET ADDRESS             | <b>35 TANGERINE CT</b>                       |
| CITY-ST-ZIP                | <b>LEHIGH ACRES FL 33936</b>                 |
| TITLE                      | D <input checked="" type="checkbox"/> Delete |
| NAME                       | <b>SANDERS, DORIS</b>                        |
| STREET ADDRESS             | <b>26 HAMLIN CT.</b>                         |
| CITY-ST-ZIP                | <b>LEHIGH ACRES FL 33936</b>                 |
| TITLE                      | D <input checked="" type="checkbox"/> Delete |
| NAME                       | <b>MEDHURST, CRECENCIA</b>                   |
| STREET ADDRESS             | <b>54 HAMLIN CT</b>                          |
| CITY-ST-ZIP                | <b>LEHIGH ACRES FL 33936</b>                 |
| TITLE                      | T <input type="checkbox"/> Delete            |
| NAME                       | <b>HALL, WILLIAM</b>                         |
| STREET ADDRESS             | <b>10521 PUTNAM CT</b>                       |
| CITY-ST-ZIP                | <b>LEHIGH ACRES FL 33936</b>                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                |
|-------------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE                                                 | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                  | <b>King, Russell</b>                                                           |
| STREET ADDRESS                                        | <b>15 Hamlin Ct.</b>                                                           |
| CITY-ST-ZIP                                           | <b>Lehigh Acres, Fl. 33936</b>                                                 |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                                                  |                                                                                |
| STREET ADDRESS                                        |                                                                                |
| CITY-ST-ZIP                                           |                                                                                |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                                                  |                                                                                |
| STREET ADDRESS                                        |                                                                                |
| CITY-ST-ZIP                                           |                                                                                |
| TITLE                                                 | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                  | <b>Barbara Festger</b>                                                         |
| STREET ADDRESS                                        | <b>13 Hamlin Ct.</b>                                                           |
| CITY-ST-ZIP                                           | <b>Lehigh Acres, Fl. 33936</b>                                                 |
| TITLE                                                 | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                  | <b>Linda Handley</b>                                                           |
| STREET ADDRESS                                        | <b>4 Hamlin Ct.</b>                                                            |
| CITY-ST-ZIP                                           | <b>Lehigh Acres, Fl. 33936</b>                                                 |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                                                  |                                                                                |
| STREET ADDRESS                                        |                                                                                |
| CITY-ST-ZIP                                           |                                                                                |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

|                                       |                             |                 |                     |
|---------------------------------------|-----------------------------|-----------------|---------------------|
| <b>SIGNATURE:</b> <u>William Hall</u> | <b>William Hall, Treas.</b> | <b>02/19/08</b> | <b>239-369-6133</b> |
|---------------------------------------|-----------------------------|-----------------|---------------------|