2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722669

FILED Apr 23, 2009 Secretary of State

Entity Name: ORANGE GROVE PARK CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business: ATTN: REBA MONEY, PRES **60 TEMPLE COURT** LEHIGH ACRES, FL 33936 **Current Mailing Address: New Mailing Address:** ATTN: REBA MONEY, PRES 60 TEMPLE COURT LEHIGH ACRES, FL 33936 FEI Number: 59-1381630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MONEY, REBA 35 HAMLIN CT LEHIGH ACRES, FL 33936 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete KING. RUSSELL SANDERS, DORIS Name: Name: 15 HAMLIN CT Address: 15 HAMLIN CT Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, FL 33936 Title: Title: () Delete () Change () Addition MONEY, REBA Name: Name: Address: 35 HAMLIN CT Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: () Delete Title: (X) Change () Addition MARAVENTANO, BERTHA S MCEWAN, GERRI Name: Name: 35 TANGERINE CT 25 TEMPLE CT Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, FL 33936 Title: () Delete Title: () Change () Addition Name: FESTGER, BARBARA Name: Address: 13 HAMLIN CT Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: () Delete Title: (X) Change () Addition HANDLEY, LINDA HANDLEY, LINDA Name: Name: 4 HAMLIN CT 4 HAMLIN CT Address: Address: LEHIGH ACRES, FL 33936 City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33936 Title: () Delete Title: () Change () Addition HALL, WILLIAM Name: Name: Address: 10521 PUTNAM CT Address: LEHIGH ACRES, FL 33936 City-St-Zip: 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: WILLIAM HALL, TREAS. T 04/23/2009