

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722669

FILED
Mar 21, 2012
Secretary of State

Entity Name: ORANGE GROVE PARK CONDOMINIUM, INC.

Current Principal Place of Business:

ATTN: MICHAEL BERGER, PRESIDENT
60 TEMPLE COURT
LEHIGH ACRES, FL 33936

New Principal Place of Business:

60 TEMPLE COURT
LEHIGH ACRES, FL 33936

Current Mailing Address:

ATTN: MICHAEL BERGER, PRESIDENT
60 TEMPLE COURT
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 59-1381630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGER, MICHAEL
1 TEMPLE COURT
LEHIGH ACRES, FL 33936 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: PRES
Name: BERGER, MICHAEL
Address: 1 TEMPLE COURT
City-St-Zip: LEHIGH ACRES, FL 33936

Title: V.P.
Name: MONEY, REBA
Address: 35 HAMLIN COURT
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DIR
Name: JENNINGS, JAMES
Address: 38 TEMPLE COURT
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DIR.
Name: MCEWAN, GERRI
Address: 25 TEMPLE COURT
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DIR.
Name: DANN, JUDY
Address: 28 HAMLIN COURT
City-St-Zip: LEHIGH ACRES, FL 33936

Title: TREA
Name: HALL, WILLIAM
Address: 10521 PUTNAM CT
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL BERGER

PRES

03/21/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date