## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#733394**

FILED Mar 26, 2007 Secretary of State

Entity Name: ORANGE BLOSSOM HILLS HOMEOWNERS ASSOCIATION, INC.

| Current Principal Place of Business:   |   |                                   | New Principal Place of Business:             |                            |                                   |
|--|---|-----------------------------------|--|----------------------------|-----------------------------------|
| 9230 S.E. 154TH STREET<br>SUMMERFIELD, FL 34491  |   |                                   |  |                            |                                   |
| Current Mailing Address:   |   |                                   | New Mailing Address:                         |                            |                                   |
|  | 54TH STREET<br>IELD, FL 34491                                   | US                                |  |                            |                                   |
| FEI Number:  | 59-6579131  | FEI Number Applied For ( ) FEI Nu | ımber Not Appli                              | cable ( )                  | Certificate of Status Desired (X) |
| Name and   | Address of Cui  | rent Registered Agent:            | Name and                                     | Address of                 | New Registered Agent:             |
|  | , EVELYN<br>80TH PLACE<br>TIELD, FL 34491                       | 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: |                            |                                   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | T () De<br>MEDEIROS, RUTH<br>15394 SE 90TH TE<br>SUMMERFIELD, F | i<br>ERR                          | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (                          | ( ) Change( ) Addition            |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | P () De<br>STEELE, HAROLD<br>16161 SE 96TH AV<br>SUMMERFIELD, F | )<br>√E RD                        | Title:<br>Name:<br>Address:<br>City-St-Zip:  | MARTIN, ROY<br>16161 SE 96 |                                   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | S () De<br>PADDOCK, EVELY<br>9540 SE 160TH PI<br>SUMMERFIELD, F | /N<br>LACE                        | Title:<br>Name:<br>Address:<br>City-St-Zip:  | BUTCHART, N<br>9560 SE 161 |                                   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | VP () De<br>COE, DONALD<br>9685 SE 162ND P<br>SUMMERFIELD, F    | L                                 | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (                          | ( ) Change()Addition              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D () De<br>MAATJE, FRANCE<br>16900 SE 100 CT<br>SUMMERFIELD, F  | S                                 | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (                          | ( ) Change ( ) Addition           |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D () De<br>BUSHNELL, BUD<br>16780 SE 101 CT.<br>SUMMERFIELD, F  | RD.                               | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (                          | ( ) Change( ) Addition            |

I hereby certify that the information supplied with this filing does not qualify for the 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: RUTH MEDEIROS T 03/26/2007