

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$199 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$299)**

**NONPROFIT 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 JUN 19 AM 11:41

**DOCUMENT # 735078 (8)**

1. Corporation Name

**ORANGE ESTATES CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5400 SEMINOLE BLVD.  
SEMINOLE FL 34642-7426

5482 - 104 WAY N.  
SEMINOLE FL 34642-7428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1976

3a. Date of Last Report

10/14/1994

4. FEI Number

59-0211574

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

**FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUDD, KENNETH  
5482 - 104TH WAY NORTH  
SEMINOLE FL 34642**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	P
NAME	VAN CAMP, MOLLIE
STREET ADDRESS	5429-104TH WAY NORTH
CITY - ST - ZIP	SEMINOLE FL 34642
TITLE	DV
NAME	STAZAK, HELEN
STREET ADDRESS	10562-51ST TERR. N.
CITY - ST - ZIP	ST. PETERSBURG FL 33708
TITLE	VD
NAME	LAKE, THELMA
STREET ADDRESS	10558 - 55TH AVE. NORTH
CITY - ST - ZIP	SEMINOLE FL 34642
TITLE	S
NAME	MANGIARELLI, CAROL
STREET ADDRESS	10447-52ND AVE. N.
CITY - ST - ZIP	ST. PETERSBURG FL 33708
TITLE	S
NAME	MACRUM, BETTIE
STREET ADDRESS	10433 - 50TH AVE. CIRC., N.
CITY - ST - ZIP	ST. PETERSBURG FL 33708
TITLE	DT
NAME	SADTLER, PAT
STREET ADDRESS	10577 - 55TH AVE., N.
CITY - ST - ZIP	SEMINOLE FL 34642

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALEXANDER, GINGER	
1.3 STREET ADDRESS	10644 53RD AVENUE N.	
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33708	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JUDD, KENNETH	
2.3 STREET ADDRESS	5482 104TH WAY N.	
2.4 CITY - ST - ZIP	SEMINOLE, FL 34642	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	UNFILED	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MANGIARELLI, CAROL	
4.3 STREET ADDRESS	10447 52ND AVENUE N.	
4.4 CITY - ST - ZIP	ST. PETERSBURG, FL. 33708	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	UNFILED	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(3)(k), 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:

*Kenneth Judd*

**KENNETH JUDD 13 JUNE '95 813-393-0950**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/95)