

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735078 (8)
1. Corporation Name
ORANGE ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business: **5400 SEMINOLE BLVD. SEMINOLE FL 34642-7426**
Mailing Address: **5482 - 104 WAY N. SEMINOLE FL 34642-7428**

3. Date Incorporated or Qualified: **03/01/1976**
3a. Date of Last Report: **06/19/1995**

21. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0211574		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	Country	29. Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ALEXANDER, GINGER		1.2 NAME				
STREET ADDRESS	10644 53RD AVENUE N		1.3 STREET ADDRESS				
CITY - ST - ZIP	ST PETERSBURG FL		1.4 CITY - ST - ZIP				
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JUDD, KENNETH		2.2 NAME				
STREET ADDRESS	5482 104TH WAY N		2.3 STREET ADDRESS				
CITY - ST - ZIP	SEMINOLE FL		2.4 CITY - ST - ZIP				
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MANGIARELLI, CAROL		3.2 NAME	DS			
STREET ADDRESS	10447 52ND AVNEUE N		3.3 STREET ADDRESS	EICHELBERGER, BERNICE			
CITY - ST - ZIP	ST PETERSBURG FL		3.4 CITY - ST - ZIP	10446 52nd AVE. N.			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SADTLER, PAT		4.2 NAME	DT			
STREET ADDRESS	10577 - 55TH AVE., N.		4.3 STREET ADDRESS	WARNER, EVELYN			
CITY - ST - ZIP	SEMINOLE FL 34642		4.4 CITY - ST - ZIP	10664 53rd AVE N.			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			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 119.07(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** 1 Feb 96 801-393-8958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)