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Jan 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
5400 SEMINOLE BLVD. SEMINOLE FL 34642-7426  
5482 - 104 WAY N. SEMINOLE FL 33772-7425

3. Date Incorporated or Qualified 03/01/1976  
3a. Date of Last Report 02/07/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 10664 53 <sup>rd</sup> Ave. No.	59-0211574	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27 St. Petersburg.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28 Florida		
Zip	Country		
24	25	29 33708	30 Pinellas

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 <input type="checkbox"/> DELETE	1.1 TITLE	Recording Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, GINGER	1.2 NAME	Donelon James
STREET ADDRESS	10644 53RD AVENUE N	1.3 STREET ADDRESS	10236 - 61 <sup>st</sup> Ave. N.
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33708
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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHELBERGER, BERNICE	3.2 NAME	
STREET ADDRESS	10446 52ND AVENUE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, EVELYN	4.2 NAME	
STREET ADDRESS	10664 53RD AVENUE NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mrs. Evelyn Warner, Evelyn Warner  
Date: Jan. 6, 1997 - (813) 3917854  
Signature and typed or printed name of signing officer or director. Date. My/His/Her # 0051676

CR2E037 (9/96)