


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90017 006 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 735078</b> 1. Corporation Name <b>ORANGE ESTATES CIVIC ASSOCIATION, INC.</b>		
Principal Place of Business 5400 SEMINOLE BLVD. SEMINOLE FL 34642-7426	Mailing Address 10664 53RD AVE NO ST PETERSBURG FL 33708 US	



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	5336 - 106 ST. N. ST. PETERSBURG FL 33708	4	4. FEI Number
23	City & State	27	Suite, Apt. #, etc.		Applied For
24	Zip	28	City & State		Not Applicable
	Country	29	Petersburg FL	5	5. Certificate of Status Desired
		30	Country		\$8.75 Additional Fee Required
			Pinellas	6	6. Election Campaign Financing Trust Fund Contribution
					\$5.00 May Be Added to Fees
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	85
				FL	

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			<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	VD	<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 type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLAIR, BETTY		3.2 NAME				
STREET ADDRESS	5335 106TH STREET NORTH		3.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33708		3.4 CITY-ST-ZIP				
TITLE	TR	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TR	<input checked="" type="checkbox"/> Change		<input type="checkbox"/> Addition
NAME	WARNER, EVELYN		4.2 NAME	KAY NASE			
STREET ADDRESS	10664 53RD AVENUE NORTH		4.3 STREET ADDRESS	5336 - 106 ST. N.			
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33708			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD	<input checked="" type="checkbox"/> Change		<input type="checkbox"/> Addition
NAME	DONELON, JAMES		5.2 NAME	SHAWN KOHLER			
STREET ADDRESS	10226 51ST AVE N		5.3 STREET ADDRESS	10359 - 52ND AVE N.			
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP	ST. PETERSBURG FL 33708			
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 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, with all other like empowered.

SIGNATURE:

*Kay Nase*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan. 26, 1999*  
 Date

*545-6599*  
 Daytime Phone #

CR2E037 (1/198)