

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

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| DOCUMENT # 735078 1. Entity Name ORANGE ESTATES CIVIC ASSOCIATION, INC. |  |
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| Principal Place of Business 5400 SEMINOLE BLVD. SEMINOLE, FL 34642-7426 | Mailing Address 5105 104TH WAY N ST PETERSBURG, FL 33708 US |
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-0211574 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent JOHNSON, PHILLIP 5105 104TH WAY N SAINT PETERSBURG, FL 33708 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Phillip W Johnson Phillip W Johnson President 1-20-004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOHNSON, PHILLIP W 5705 104TH WAY N SAINT PETERSBURG, FL 33708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JOHNSON, CAROL 5105 104TH WAY N ST. PETERSBURG, FL 33708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD STEWART, ROY 10236 51ST AVE. N. SAINT PETERSBURG, FL 33708 |
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01/22/04-80017-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phillip W Johnson Phillip W Johnson President 1-20-004 727-319-9948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #