


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # 735078</b> 1. Entity Name <b>ORANGE ESTATES CIVIC ASSOCIATION, INC.</b>	
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Principal Place of Business <b>5400 SEMINOLE BLVD. SEMINOLE, FL 34642-7426</b>	Mailing Address <b>5105 104TH WAY N ST PETERSBURG, FL 33708 US</b>
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01192004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-0211574</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>JOHNSON, PHILLIP 5105 104TH WAY N SAINT PETERSBURG, FL 33708</b>
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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 <i>Phillip W Johnson</i> <b>Phillip W Johnson President</b>	DATE <b>1-20-004</b>

<b>Filing Fee is \$81.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Phillip W Johnson</i> <b>Phillip W Johnson President</b>	DATE <b>1-20-004</b> 727-319-9948