

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 735078

1. Entity Name
ORANGE ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business
5400 SEMINOLE BLVD.
SEMINOLE, FL 34642-7426

Mailing Address
5105 104TH WAY N
ST PETERSBURG, FL 33708 US

FILED
Mar 24, 2005 08:00 AM
Secretary of State



01042005 No Chg-NP CR2E037 (10/03)

4. FET Number
59-0211574

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, PHILLIP
5105 104TH WAY N
SAINT PETERSBURG, FL 33708

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, PHILLIP W
STREET ADDRESS	5705 104TH WAY N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708

TITLE	SD
NAME	JOHNSON, CAROL
STREET ADDRESS	5105 104TH WAY N
CITY-ST-ZIP	ST. PETERSBURG, FL 33708

TITLE	VPD
NAME	STEWART, ROY
STREET ADDRESS	10236 51ST AVE. N.
CITY-ST-ZIP	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	

U00000274361
03/24/05-80006-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Phillip W Johnson PHILLIP W JOHNSON 3/21/05 727-319-9948