


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 735078
 1. Entity Name
 ORANGE ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
 5400 SEMINOLE BLVD. 5105 104TH WAY N
 SEMINOLE, FL 34642-7426 ST PETERSBURG, FL 33708 US



03052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number Applied For
 59-0211574 Not Applicable

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

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: *Phillip W Johnson* PHILLIP W JOHNSON 3/6/06
Signature, typed or printed name of registered agent and CEO's applicable (NOTE: Registered Agent signature required when reinstating) PRESIDENT

Filing Fee is \$61.25
Due by May 1, 2006

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

100000461276
 03/20/06-60046-004 61.25

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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 3/6/06 727-319-9948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #