20(07 NOT-FOR-PF ANNUA	FILED Feb 23, 2007 8:00 am						
DOCUMENT # 735078					Secretary of State 02-23-2007 90036 004 ****70.00			
ORANGE ESTATES CIVIC ASSOCIATION, INC.								
Principal Place 5400 SEMINI SEMINOLE, F		Mailing Address 5105 104TH WAY N ST PETERSBURG, FL	-		20004673			
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01252007 Chg-NP CR2E037 (12/06)			
City & State	3	City & State			4. FEI Number 59-021157	74		pplied For ot Applicable
Zip	. Country	Zip			5. Certificate of Si	tatus Desired	\$8.75 Ad	
Name and Address of Current Registered Agent Name Name								
JOHNSON, PHILLIP 5105 104TH WAY N SAINT PETERSBURG, FL 33708				Street Address (P.O. Box Number is Not Acceptable)				
	× .			City		F	Zip Cod	le
8. The above the obligation	named entity submits this statemen	t for the purpose of changing it	s register	ed office or registe	ared agent, or both, in	-		and accept
SIGNATURE .	Signature, hyped or printed name of registered ac	ient and title if applicable. (NO	TE: Registere	Agent signature require	d when reinstating)	DAT	re	
Filing Fee is \$61.25 9. Election Campaig Due by May 1, 2007 Trust Fund Contr				· -	\$5.00 May Be Added to Fees		eck payable t partment of S	
10. TITLE	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	11.	70 2	ADDITIONS/CHANG	ES TO OFFICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, PHILLIP W 5705 104TH WAY N SAINT PETERSBURG, FL 33	Delete 708			- Reterbu	ampp d. ave N. g, 711. 33	Ø €hange 70 €	Addition
TITLE NAME STREET ADDRESS	SD JOHNSON, CAROL 5105 104TH WAY N	Delete	TITL NAM STRI		ug Baker 380 53 A	VE.NO	2 Change	Addition
CITY-ST-ZIP TITLE	ST. PETERSBURG, FL 33708 VPD	3 Delete	CITY	F ST-ZIP	Petersburg,	\$1.33708		Addition
NAME STREET ADDRESS CITY - ST - ZIP	STEWART, ROY 10236 51ST AVE. N. SAINT PETERSBURG, FL 33		NAM		52 Petershi	V. stillefor	ው የረጉጽ	
TITLE NAME STREET ADDRESS		Delete	TITL NAM STRE		Gary 3 4961 104	Lee Anne B WAY W.	thange	Addition
CITY-ST-ZIP TITLE	······································			-ST-ZIP	St. Peto	Shurifle 3	3708	
NAME STREET ADDRESS CITY-ST-ZIP		Delete				•	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete					Change	Addition
12. I hereby c indicated	ertify that the information supplied v on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an addres	it is true and accurate and that	or the exe	amptions contained	same legal effect as	if made under oath: tha	t I am an officer	or director
SIGNATURE: Jam Dum BIONATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR Date Date Date Date Date								
	OUNATURE AND TYPED (IN FRUNTED RATE OF SIGNING OFFICE	R UK DIREC	IUK		Uale	Daytime Phone #	