


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90020 035 ****61.25

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 4961 104th Way N. Suite, Apt. #, etc.
City & State 	City & State St. Petersburg FL
Zip 	Country U.S.



04192008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent Name Lee Anne Burney Street Address (P.O. Box Number is Not Acceptable) 4961 104th Way N. City St. Petersburg FL Zip Code 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 *Lee Anne Burney* DATE **4/18/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMPP, GINGER 10644 53RD AVE N SAINT PETERSBURG, FL 33708 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAKER, GREG 10380 53 AVE NO SAINT PETERSBURG, FL 33708 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRESTON, KITTY 5823 102ND ST N SAINT PETERSBURG, FL 33708 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPD BURG, GARY&LEE ANN 4961 104TH WAY N SAINT PETERSBURG, FL 33708 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lee Anne Burney 4961 104th Way N. St. Petersburg, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Patricia Loop 10523 51st Terrace N. St. Petersburg, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Toni Yost 10430 50 Ave. C. N. St. Petersburg, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPD Marilyn Murphy 4961 104th Way N. St. Petersburg, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Lee Anne Burney* DATE **4/18/08**