2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 740793

1. Entity Name
ORANGE BLOSSOM C.B. CLUB INC.

Principal Place of Business	Mailing Address
135 S COUNTY RD 315 INTERLACHEN, FL 32148-9700 US	PO BOX 69 INTERLACHEN, FL 32148-9700

04022004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1791692
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANNING, BONNIE
101 ALLEN DR
HOLLISTER, FL 32147

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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 _____
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, 2004

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

U00000107382
04/09/04-80013-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, KEN
STREET ADDRESS	133 STEVEN DR
CITY-ST-ZIP	INTERLACHEN, FL
TITLE	VP
NAME	BLY, ALAN
STREET ADDRESS	202 MIRADA LAKE DR.
CITY-ST-ZIP	INTERLACHEN, FL 32148
TITLE	T
NAME	MANNING, BONNIE
STREET ADDRESS	101 ALLEN DR
CITY-ST-ZIP	HOLLISTER, FL 32147
TITLE	D
NAME	BLY, VIVIEN
STREET ADDRESS	202 MIRROR LAKE DRIVE
CITY-ST-ZIP	INTERLACHEN, FL
TITLE	D
NAME	BISHOP, JOSEPH
STREET ADDRESS	125 JANET AVE
CITY-ST-ZIP	INTERLACHEN, FL
TITLE	D
NAME	WRIGHT, DANIEL
STREET ADDRESS	320 MILTON AVE
CITY-ST-ZIP	INTERLACHEN, FL

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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: Bonnie Manning BONNIE MANNING 4/6/04 386-326-1657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #