


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 741837**  
 1. Entity Name  
 ORANGEDALE COMMUNITY ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
 6550 ST. RD. 13 NORTH      6550 ST. RD. 13 NORTH  
 ST AUGUSTINE, FL 32092      ST AUGUSTINE, FL 32092

**DO NOT WRITE IN THIS SPACE**



04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 59-2848542      Not Applicable

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

6. Name and Address of Current Registered Agent  
 EARLE, KENNETH L.  
 6550 ST RD 13 NORTH M217  
 ST AUTUSTINE, FL 32092

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**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	VD
NAME	MORRIS, NICHOLAS
STREET ADDRESS	5661 CROSSWIND S CIRCLE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	VD
NAME	DINSMORE, JOHN
STREET ADDRESS	5105 ST. RD 13 N RD
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	TD
NAME	MORSCH, JAN
STREET ADDRESS	2046 RIVER OAKS DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000289125  
 04/06/05-80015-001 61.25

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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)(f), 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: Janice B. Morsch      JANICE B MORSCH      4/5/2005      904 529-9324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #