

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 744230

1. Entity Name
RETIRED EDUCATORS HOUSING OF ORANGE COUNTY,
INC.



Principal Place of Business
7010 BALBOA DRIVE
ORLANDO, FL 32818 US

Mailing Address
516 LAKEVIEW RD
UNIT 8
CLEARWATER, FL 33756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052006

Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2144622

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, JOSEPH P
2946 SOUTHGATE TERR
ORLANDO, FL 32818

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME TD
STREET ADDRESS GREENE, JULIA
CITY-ST-ZIP PO BOX 55
KILLARNEY, FL 347400055 ☐ Delete

TITLE
NAME
STREET ADDRESS 300081026019
CITY-ST-ZIP 10/19/06--01035--004 **70.00 ☐ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS FORD, ROBERT
CITY-ST-ZIP 2480 DELORAINE TRAIL
MAITLAND, FL 32751 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP \$710/24 ☐ Change ☐ Addition

TITLE
NAME PD
STREET ADDRESS WALLACE, JOSEPH P
CITY-ST-ZIP 2946 SOUTHGATE TERR
ORLANDO, FL 32818 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME SD
STREET ADDRESS WILLIAMS, MARY LYNN
CITY-ST-ZIP 614 WOODLAND ST
ORLANDO, FL 32806 ☒ Delete

TITLE
NAME SD
STREET ADDRESS Foreman, Patricia
CITY-ST-ZIP P O Box 608165
Orlando, FL 32860 ☐ Change ☒ Addition

TITLE
NAME D
STREET ADDRESS WILSON, JAMES
CITY-ST-ZIP 809 WOODEN BLVD.
ORLANDO, FL 32805 ☐ Delete

TITLE
NAME
STREET ADDRESS DVP
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME DVP
STREET ADDRESS NOLLE, ALTON
CITY-ST-ZIP 2415 EATON LANE
ORLANDO, FL 328044910 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

Kevin T Flynn-Management Agent 10/06/06 727-449-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #