

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **750296** (6)

1. Corporation Name
ORANGE GROVE VILLAS WATER, INC.



Principal Place of Business 37847 WICKLOW AVE ZEPHYRHILLS FL 33541 US		Mailing Address 8949 GALL BLVD. ZEPHYRHILLS FL 33541 US		3. Date Incorporated or Qualified 12/20/1979
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2515146
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable		
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
24 Country	29 Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent QUAID, JOHN J.M. 8949 GALL BLVD. ZEPHYRHILLS FL 33541-7410		10. Name and Address of New Registered Agent	
		81 Name MC QUAID, JOHN J.	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *John J. McQuaid* **John J. McQuaid** **Apr 20, 1998**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HELMS, SHEILA		1.2 NAME Beagle, Betty	
STREET ADDRESS 37847 WICKLOW AVE.		1.3 STREET ADDRESS 37923 Wicklow Street	
CITY - ST - ZIP ZEPHYRHILLS FL		1.4 CITY - ST - ZIP Zephyrhills FL 33541	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME BAILEY, DON		2.2 NAME	
STREET ADDRESS 37846 AVOCA AVE		2.3 STREET ADDRESS	
CITY - ST - ZIP ZEPHYRHILLS FL		2.4 CITY - ST - ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COATES, MARY		3.2 NAME Beagle, Elizabeth, J.	
STREET ADDRESS 37912 WICKLOW ST		3.3 STREET ADDRESS 37923 Wicklow Street	
CITY - ST - ZIP ZEPHYRHILLS FL		3.4 CITY - ST - ZIP Zephyrhills FL 33541	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCQUAID, JOHN		4.2 NAME	
STREET ADDRESS 8949 GALL BLVD		4.3 STREET ADDRESS	
CITY - ST - ZIP ZEPHYRHILLS FL		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John J. McQuaid* **JOHN J. McQuaid** **Apr 20, 1998** **788-5210**

(813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048704

CR2E037 (10/97)