## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 10, 2006 8:00 am **Secretary of State DOCUMENT # 750296** 1. Entity Name 02-10-2006 90014 033 \*\*\*\*61.25 ORANGE GROVE VILLAS WATER, INC. Principal Place of Business Mailing Address 37923 WICKLOW AVE ZEPHYRHILLS FL 33541 37923 WICKLOW AVE ZEPHYRHILLS FL 33541 37923 WICKLOW AUE 3. Mailing Address 37923 WICK/OW ALE 1st MOORE CR2E037 (10/05) 2 ephyrhills City & State Applied For 4. FEI Number 59-2515146 335Y/ Not Applicable र्<sub>टाष्ट्र</sub>33<u>इ५।</u> **E**punitry \$8.75 Additional 5. Certificate of Status Desired ASCO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEAGLE, BETTY Street Address (P.O. Box Number is Not Acceptable) 37923 WICKLOW AVE. ZEPHYRHILLS FL 33541 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. 1-24-06 SIGNATURE Signature, typed or printed name of registered agent and title it imp (NOTE: Registered Agent signature required when reinstating) 1 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change Addition BEAGLE, BETTY NAME NAME 37923 WICKLOW STREET STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33541 CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE Change ☐ Addition FULLINGTON, BEVERLY NAME NAME 37922 AVOCA AVE STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33541 CITY-ST-ZIP CITY-ST-ZIP PD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME HERRINGTON, TIM NAME STREET ADDRESS 8827 GALL BLVD STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-ST-ZIP VΡ ☐ Delete ☐ Change ☐ Addition NAME BAUSTISTA, JOSE NAME STREET ADDRESS 8801 GALL BLVD STREET ADDRESS ZEPHYRHILLS FL 33541 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

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