

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90064 033 ****61.25

DOCUMENT # 750296

1. Entity Name

ORANGE GROVE VILLAS WATER, INC.



Principal Place of Business

Mailing Address

37923 WICKLOW AVE
ZEPHYRHILLS FL 33541
US

37923 WICKLOW AVE
ZEPHYRHILLS FL 33541
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

37847 WICKLOW AVE

37923 WICKLOW AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zephyrhills FL

Zephyrhills, FLA

Zip

Country

Zip

Country

33541

PASCO

33541

PASCO

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAGLE, BETTY
37923 WICKLOW AVE.
ZEPHYRHILLS FL 33541

Name

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

SAME

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 reappointing)

(DATE)

Betty Beagle

Betty BEAGLE 1-17-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: TD ☐ Delete
NAME: BEAGLE, BETTY
STREET ADDRESS: 37923 WICKLOW STREET
CITY- ST- ZIP: ZEPHYRHILLS FL 33541

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

TITLE: SD ☒ Delete
NAME: FULLINGTON, BEVERLY
STREET ADDRESS: 37922 AVOCA AVE
CITY- ST- ZIP: ZEPHYRHILLS FL 33541

TITLE: ☒ Change ☐ Addition
NAME: SD BETTY BEAGLE
STREET ADDRESS: 37923 WICKLOW AVE
CITY- ST- ZIP: Zephyrhills, FL 33541

TITLE: PD ☐ Delete
NAME: HERRINGTON, TIM
STREET ADDRESS: 8827 GALL BLVD
CITY- ST- ZIP: ZEPHYRHILLS FL 33541

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

TITLE: VP ☐ Delete
NAME: BAUSTISTA, JOSE
STREET ADDRESS: 8801 GALL BLVD
CITY- ST- ZIP: ZEPHYRHILLS FL 33541

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

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

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.

SIGNATURE:

Betty Beagle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07

813-388-0125

Date

Daytime Phone #