

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

DOCUMENT # 750296

1. Entity Name

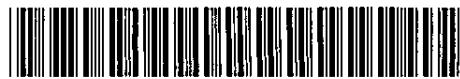
ORANGE GROVE VILLAS WATER, INC.



FILED

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

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



Principal Place of Business

37923 WICKLOW AVE
ZEPHYRHILLS FL 33541
US

Mailing Address

37923 WICKLOW AVE
ZEPHYRHILLS FL 33541
US

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

37847 WICKLOW AVE

Suite, Apt. #, etc.

3. Mailing Address

37923 WICKLOW AVE

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

City & State

ZEPHYRHILLS, FLA

Zip

33541

Country

PASCO

Zip

33541

Country

PASCO

4. FEI Number

59-2515146

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEAGLE, BETTY
37923 WICKLOW AVE.
ZEPHYRHILLS FL 33541

Name

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

SA ME

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

Betty Beagle

Betty BEAGLE 1-17-07

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when registering.

DATE

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

NAME	TD BEAGLE, BETTY 37923 WICKLOW STREET ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD FULLINGTON, BEVERLY 37922 AVOC AVE ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD HERRINGTON, TIM 8827 GALL BLVD ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP BAUSTISTA, JOSE 8801 GALL BLVD ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 #