

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90271 034 ****61.25

DOCUMENT # 750605

1. Entity Name

ORANGEWOOD HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

PO BOX 771004
ORLANDO FL 32877-1004
US

Mailing Address

PO BOX 771004
ORLANDO FL 32877-1004
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2008751

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

WILSON, JAMES L
2324 WOODLEAF COURT
ORLANDO FL 32837

Name

SAME AS CURRENT

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

James L. Wilson - James L. Wilson

4/9/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PD ☐ Delete
NAME JOHNSON, TOM
STREET ADDRESS 2409 WOODWAY DR
CITY-ST-ZIP ORLANDO FL 32837

TITLE DS ☐ Delete
NAME HILL, JOSEPHINE
STREET ADDRESS 2436 WOODWAY DR
CITY-ST-ZIP ORLANDO FL 32837

TITLE D ☐ Delete
NAME CROSIER, TODD
STREET ADDRESS 10521 WOOD WAY DR
CITY-ST-ZIP ORLANDO FL 32837

TITLE TD ☐ Delete
NAME WILSON, JAMES L
STREET ADDRESS 2324 WOODLEAF COURT
CITY-ST-ZIP ORLANDO FL 32837-8926

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

12. 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 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:

James L. Wilson - James L. Wilson

4/9/04

407-857-0826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #