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

Apr 20, 2006 8:00 am Secretary of State **DOCUMENT # 750605** 04-20-2006 90203 045 ****61.25 1. Entity Name ORANGEWOOD HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 771004 ORLANDO FL 32877-1004 US PO BOX 771004 ORLANDO FL 32877-1004 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite. Apt. #. etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. EEI Number Applied For 59-2008751 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, JAMES L 2324 WOODLEAF COURT Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32837 Zip Code FL 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, typical or priviled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ☐ Delete THILE ☐ Change ☐ Addition MOT, NOSNHOL NAME NAME 2409 WOODWAY DR STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CITY - ST- ZIP CITY-ST-ZIP DS TITLE Delete ☐ Addition TITLE ☐ Change HILL, JOSEPHINE NAME NAME STREET ADORESS 2436 WOODWAY DR STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition NAME CROSIER, TODD NAME 10521 WOOD WAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP ☐ Change TITLE TD ☐ Delete TITLE ■ Addition WILSON, JAMES L 2324 WOODLEAF COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837-8926 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition WHITING, THOMAS NAME WHITING, Robert NAME 10611 BRENDAN CT STREET ADDRESS STREET ADDRESS 16611 BRENDAN CT ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE MCLEAN, MIKE NAME 10521 WOODWAY DR STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental teport 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 trystee 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:

4/3/04 407-857-0824

Date Date Date

FILED