

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

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90018 049 \*\*\*\*61.25

**DOCUMENT # 750605**

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  
US

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

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

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

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

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

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

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

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

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

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

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

TITLE D ☒ Delete  
NAME WHITING, ROBERT  
STREET ADDRESS 10611 BRENDAN CT  
CITY- ST- ZIP ORLANDO FL 32837

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

TITLE D ☐ Delete  
NAME MCLEAN, MIKE  
STREET ADDRESS 10521 WOODWAY DR  
CITY- ST- ZIP ORLANDO FL 32837

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 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:

*James L. Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07 407-857-6826  
Date Daytime Phone #