

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750605

FILED  
Apr 11, 2009  
Secretary of State

**Entity Name:** ORANGEWOOD HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 771004  
ORLANDO, FL 328771004 US

**New Principal Place of Business:**

2409 WOODWAY DRIVE  
ORLANDO, FL 32837 US

**Current Mailing Address:**

PO BOX 771004  
ORLANDO, FL 328771004 US

**New Mailing Address:**

**FEI Number:** 59-2008751      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILKESZ, DAVID  
2334 GREEN BUSH CT  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

WILKOSZ, DAVID L  
2334 GREEN BUSH CT  
ORLANDO, FL 32837 US

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.

SIGNATURE: DAVID L WILKOSZ

04/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JOHNSON, TOM  
Address: 2409 WOODWAY DR  
City-St-Zip: ORLANDO, FL 32837

Title: DS ( ) Delete  
Name: HILL, JOSEPHINE  
Address: 2436 WOODWAY DR  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: CROSIER, TODD  
Address: 10521 WOOD WAY DR  
City-St-Zip: ORLANDO, FL 32837

Title: TD ( ) Delete  
Name: WILKOSZ, DAVID  
Address: 2334 GREEN BUSH CT  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: MCLEAN, MIKE  
Address: 10521 WOODWAY DR  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L WILKOSZ

TD

04/11/2009

Electronic Signature of Signing Officer or Director

Date