FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11: 25

DOCUMENT # 759463 (3)

1. Corporation Name

ORANGE COUNTY HOMEOWNERS ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
P O BOX 533657 ORLANDO FL 32819-5000	P O BOX 533657 ORLANDO FL 32819-5000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1981
3a. Date of Last Report: 07/28/1994
4. FEI Number: 59-2288209 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~HUMBLE, WILLIAM R~~ ~~11431 WILLOW GARDENS DR.~~ ~~WINDERMERE FL 34786~~	81 Name: Spears, Richard L 82 Street Address (P.O. Box Number is Not Acceptable): 9132 Ridgepine Trail 83 84 City: Orlando FL 85 Zip Code: 32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1 1 TITLE	VD ☐ Change ☑ Addition
NAME	~~HUMBLE, WILLIAM R.~~	1 2 NAME	Denton, Earle
STREET ADDRESS	~~11431 WILLOW GARDENS DR.~~	1 3 STREET ADDRESS	1017 Gran Paseo Dr
CITY ST ZIP	~~WINDERMERE FL~~	1 4 CITY ST ZIP	Orlando, Fl 32825
TITLE	~~VD~~	2 1 TITLE	TD ☐ Change ☑ Addition
NAME	~~SANDS, NICHOLAS~~	2 2 NAME	Kneessi, Dennis M, Sr
STREET ADDRESS	~~540 SCANINGTON CT.~~	2 3 STREET ADDRESS	5027 Delvin ct
CITY ST ZIP	~~ORLANDO FL~~	2 4 CITY ST ZIP	Orlando, Fl 32821
TITLE	~~VD~~ VD	3 1 TITLE	☐ Change ☐ Addition
NAME	HARGETT, PAUL	3 2 NAME	
STREET ADDRESS	5807 WILLOW BLVD. CT.	3 3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32897	3 4 CITY ST ZIP	
TITLE	~~S~~ PD	4 1 TITLE	☐ Change ☐ Addition
NAME	SPEARS, RICHARD L.	4 2 NAME	
STREET ADDRESS	9132 RIDGEPINE TRAIL	4 3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32819	4 4 CITY ST ZIP	
TITLE	D	5 1 TITLE	SD ☐ Change ☑ Addition
NAME	~~VEHLEWALD, MARY B~~	5 2 NAME	Tilelli, Tony
STREET ADDRESS	~~8940 BAY COVE CT~~	5 3 STREET ADDRESS	PO Box 690-792 NA
CITY ST ZIP	~~ORLANDO FL~~	5 4 CITY ST ZIP	Orlando, Fl 32869
TITLE		6 1 TITLE	SD ☐ Change ☒ Addition
NAME		6 2 NAME	Wilt, Barbara
STREET ADDRESS		6 3 STREET ADDRESS	8905 South bay Drive
CITY ST ZIP		6 4 CITY ST ZIP	Orlando, Fl 32819

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis M Kneessi Sr — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dennis M. Kneessi, Sr

Date: 3/2/95 Daytime Phone #: 407-238-0393

0034780