FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT # 759463

(3)

ORANGE COUNTY HOMEOWNERS ASSOCIATION, INCORPORAT

ED	
Principal Place of Business Mailing Address	T TERRIN 1980) BANKO SUKKO DIKKO DINKO SINI BADIL BADIK BIRIN BADIK BADIK BADIK BADIK
P O BOX 533657 P O BOX 533657 ORLANDO FL 32819-5000 ORLANDO FL 32819-5000	
	3. Date Incorporated or Qualified 3a. Date of Last Report 08/03/1981 05/01/1995
Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
26	59-2288209 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	6. Election Campaign Financing \$5.00 May Be
	Added to Fees
25 29 30	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
Q1 None	
LII MADUR HAMILIAAA D	c/1A-d / Spc Avs ress (P.O. Box Number is Not Acceptable)
HUMBLE, WILLIAM R 82 Street Addir	ress (P.O. Box Number is Not Acceptable)
	2 Ridge Pine Trail
WINDERMERE FL 34786	
B4 City	FL 85 Zin Code 32 8 19
	ration submits this statement for the success of should be the relation of the success of should be the success of should
11. Pursuant to the frovisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpor or registered agent, or both, in the State of Electral Such change was authorized by the corporation's boar familiar with, and accept the obligations of Section 617.0503, Florida Statutes.	rd of directors. Thereby accept the appointment as registered agent, I am
familiar with, and accept the Abligations of, Section 617.0503, Florida Statutes.	G = 2/2
SIGNATURE Kick and L. Signature Ayled or photos name of restricting fact and title if a gibt above (NOTE: Registered Agent signature inquired	- Spenry 77/95
12. OFFICES AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DO: 1/1) DELETE 11 DELETE	1) Filthange Gaddition
NAME AND TO SAME AND TO SAME AND TO SAME AND TO SAME AND THE SAME AND	ade & Denton
HOMOLL, MILLIAM IX.	- 57 TO -
CITY-SF-ZIP WINDERMERE FL 34784 1.4CITY-ST-ZIP	Oxlando (1 72825
TILLE VD DELETE 21 TITLE T	Orlando, Fl 72825 D D D D DAddition
MAME 0.000 MOLOURO	an hais Kucessi Sv
STREET ADDRESS 540 SCANINGTON CT. 23 STREET ADDRESS 5	Joan Delvin at
CITY-ST-ZIP ORLANDO FL 2 4 CITY-ST-ZIP C	Oclando F/ 3282/
TITLE VD DELETE 31 TILE	9 Mando, F1 3282/ SD []Change []Addition
NAME HARGETT, PAUL 32 NAME	Roger & wonderlich
STREET ADDRESS 5807 WILLOW BLVD. CT. 3.3 STREET ADDRESS /	Roger & Wonderlich
CITY-SI-ZIP ORLANDO FL 34 CITY-ST-ZIP	Orlando El 30836 /
TITLE S	Orlando, Fl 30836
NAME SPEARS, RICHARD L. 4.2 NAME 6	BArbara Will
STREET ADDRESS 9132 RIDGEPINE TRAIL 4.3 STREET ADDRESS 8	1905 South Bay DV
CITY-ST-ZIP ORIANDO FI 3.48 CITY-ST-ZIP 4.4 CITY-ST-ZIP	Oclaudo F1 32819
TITLE D POELETE 51 TITLE	Change Addition
NAME VEHLEWALD, MARY B 52 NAME	
STREET ADDRESS 8946 BAY COVE CT 5.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 54 CITY-ST-ZIP	
TITLE DELETE 61 TITLE	Change Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
C1Y-S1-ZIP 64 CITY-S1-ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for certify that the information indicated on this annual report or supplemental annual report is true and accura	ite 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	s report as required by Chapter 617, Florida Statutes; and that my name

lock 13 if changed, or on an Attachment With an address.

The service of the printed Name of Signing Officer on Director M. Kneess, 5, 1/9/ 238-0393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR