

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qualified

08/03/1981

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2288209

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 Richard L Spears
82 Street Address (P.O. Box Number is Not Acceptable)
9132 Ridge Pine Trail
83
84 City Orlando FL 85 Zip Code 32819

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Richard L. Spears

Richard L. Spears

3/7/95

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	VD	HUMBLE, WILLIAM R.	11431 WILLOW GARDENS DR. WINDERMERE FL 34786	<input type="checkbox"/>
VD	SANDS, NICHOLAS	540 SCANINGTON CT.	ORLANDO FL	<input checked="" type="checkbox"/>
VD	HARGETT, PAUL	5807 WILLOW BLVD. CT.	ORLANDO FL	<input checked="" type="checkbox"/>
S- PD	SPEARS, RICHARD L.	9132 RIDGE PINE TRAIL	ORLANDO FL 32819	<input type="checkbox"/>
D	VEHLEWALD, MARY B	8946 BAY COVE CT	ORLANDO FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VD	Earle L Denton	1617 GRAN PASEO DR	Orlando, FL 32825	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	DENNIS KNEESS, Sr	5021 DELVIN CT	Orlando, FL 32821	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Roger C. Wunderlich	10119 CULPEPPER CT	Orlando, FL 32836	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Barbara Will	8905 South Bay Dr	Orlando FL 32819	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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. Kneess, Sr

Dennis M. Kneess, Sr

Date

3/7/96

Daytime Phone #

238-0393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)