

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 32853-3657



3. Date Incorporated or Qualified **08/03/1981** 3a. Date of Last Report **03/05/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2288209** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 **32853-3657** 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

SPEARS, RICHARD L
9132 RIDGE PINE TRAIL
ORLANDO FL 32819

81 Name **Denton, Earle**
82 Street Address (P.O. Box Number is Not Acceptable)
1017 Gran Paseo Dr
83
84 City **Orlando** FL 85 Zip Code **32825**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HUMBLE, WILLIAM R. | 1.2 NAME | Jacobs, Teresa |
| STREET ADDRESS | 11431 WILLOW GARDENS DR. | 1.3 STREET ADDRESS | 8652 Sugar Palm Ct |
| CITY - ST - ZIP | WINDERMERE FL 34786 | 1.4 CITY - ST - ZIP | Orlando, FL 32835 |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNEESSI, DENNIS S | 2.2 NAME | |
| STREET ADDRESS | 5027 DELVIN COURT | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | ORLANDO FL 32821 | 2.4 CITY - ST - ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WUNDERLICH, ROGER C | 3.2 NAME | Boyer, Beverly |
| STREET ADDRESS | 10119 CULPEPPER COURT | 3.3 STREET ADDRESS | 8025 Banyan Blvd. |
| CITY - ST - ZIP | ORLANDO FL 32836 | 3.4 CITY - ST - ZIP | Orlando, FL 32819 |
| TITLE | PD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPEARS, RICHARD L | 4.2 NAME | |
| STREET ADDRESS | 9132 RIDGE PINE TRAIL | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | ORLANDO FL 32819 | 4.4 CITY - ST - ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VEHLEWALD, MARY B | 5.2 NAME | Denton, Earle |
| STREET ADDRESS | 8946 BAY COVE CT | 5.3 STREET ADDRESS | 1017 Gran Paseo Dr |
| CITY - ST - ZIP | ORLANDO FL | 5.4 CITY - ST - ZIP | Orlando, FL 32825 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILL, BARBARA | 6.2 NAME | Titer, Trish |
| STREET ADDRESS | 8005 SOUTH BAY DR | 6.3 STREET ADDRESS | 8103 Wellswere Cir |
| CITY - ST - ZIP | ORLANDO FL 32819 | 6.4 CITY - ST - ZIP | Orlando, FL 32835 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **Treasurer 4/12/97** 407 273 2300 #104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017844

CR2E037 (9/96)