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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759463** (3)

1. Corporation Name
ORANGE COUNTY HOMEOWNERS ASSOCIATION, INCORPORATED

Principal Place of Business P O BOX 533657 ORLANDO FL 32819-5000	Mailing Address P O BOX 533657 ORLANDO FL 32819-5000
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/03/1981	4. FEI Number 59-2288209	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent DENTON, EARLE 1017 GRAN PASEO DRIVE ORLANDO FL 32825	10. Name and Address of New Registered Agent 81 Name Teresa Jacobs 82 Street Address (P.O. Box Number is Not Acceptable) 8652 Sugar Palm Ct 83 84 City Orlando FL 85 Zip Code 32835
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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 **Teresa Jacobs** *Teresa Jacobs* **2-13-98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD P JACOBS, TERESA 8652 SUGAR PALM CT ORLANDO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Teresa Jacobs (rest is same) Zip = 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNEESSI, DENNIS S 5027 DELVIN COURT ORLANDO FL 32821	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Bob Humble 11431 Willow Gardens Dr Windermere FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYER, BEVERLY 8025 BANYAN BLVD ORLANDO FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Carol Noga 6107 Tara wood Dr Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD VD SPEARS, RICHARD L. 9132 RIDGEPINE TRAIL ORLANDO FL 32810	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VD Richard Spears (rest is same)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENTON, EARLE 1017 GRAN PASEO DRIVE ORLANDO FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Zip = 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TITER, TRISH 8103 WELLSMERER CIR ORLANDO FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TD Trish Titer 8103 Wellsmerer Cir Orlando, FL Zip = 32835

14. I 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: **Trish Titer** *Trish Titer* **2/4/98** **407 273-2300 #104**

CR2E037 (10/97)