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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90163 005 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759463

1. Corporation Name
ORANGE COUNTY HOMEOWNERS ASSOCIATION, INCORPORATED

417074 - 90163 - 5

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 Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 08/03/1981	4. FEI Number 59-2288209	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

TERESA JACOBS
8852 SUGAR PALM CT
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JACOBS, TERESA	
STREET ADDRESS	8652 SUGAR PALM CT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOB HUMBLE	
STREET ADDRESS	11431 WILLOW GARDENS DR	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CAROL NOGA	
STREET ADDRESS	6107 TARAWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPEARS, RICHARD L.	
STREET ADDRESS	9132 RIDGEPINE TRAIL	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DENTON, EARLE	
STREET ADDRESS	1017 GRAN PASEO DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TITER, TRISH	
STREET ADDRESS	8103 WELLSMERE CIR	
CITY-ST-ZIP	ORLANDO FL 32835	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TD ROBERT H. BROWN
2.3 STREET ADDRESS	7973 South Park Ph.
2.4 CITY-ST-ZIP	ORLANDO, FL 32819
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD JONI M. EMLING
3.3 STREET ADDRESS	3055 BIRMINGHAM Blvd.
3.4 CITY-ST-ZIP	ORLANDO, FL 32829
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VD
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a letter like empowered.

SIGNATURE: ROBERT H. BROWN 4/19/99 826-0893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)