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**Apr 26, 1999 8:00 am**  
**Secretary of State**

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

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 759463</b>					
1. Corporation Name <b>ORANGE COUNTY HOMEOWNERS ASSOCIATION, INCORPORATED</b>					
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		3. Date Incorporated or Qualified <b>08/03/1981</b>	
4. FEI Number <b>59-2288209</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Name and Address of Current Registered Agent <b>TERESA JACOBS</b> <b>8652 SUGAR PALM CT</b> <b>ORLANDO FL 32835</b>			
8. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		9. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
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 <b>TD</b> <b>ROBERT H. BROWN</b> <b>7973 South Park Ph.</b> <b>ORLANDO, FL 32819</b> 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>SD</b> <b>JONI M. EMLING</b> <b>3055 BIRMINGHAM Blvd.</b> <b>ORLANDO, FL 32829</b> 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 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 <b>VD</b> 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 119.07(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, with a l other 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 (11/98)