

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759463

FILED
Jul 02, 2004
Secretary of State

Entity Name: ORANGE COUNTY HOMEOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

P O BOX 533657
ORLANDO, FL 328195000

New Principal Place of Business:

Current Mailing Address:

P O BOX 533657
ORLANDO, FL 328195000

New Mailing Address:

FEI Number: 59-2288209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUSTICE, SCOTT
9117 RIDGE PINE TR.
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: COUCHMAN, GAIL
Address: 1708 SANTA MARIA PL.
City-St-Zip: ORLANDO, FL 32806

Title: PD () Delete
Name: JUSTICE, SCOTT
Address: 9117 RIDGE PINE TR.
City-St-Zip: ORLANDO, FL 32819

Title: SD () Delete
Name: WUNDERLICH, RODGER
Address: 10119 CULPEPPER CT.
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: MITCHELL, CHARLENE
Address: 2606 SUNBREEZE CT.
City-St-Zip: ORLANDO, FL 32805

Title: VD () Delete
Name: ETZLER, MARY ANN
Address: PO BOX 720656
City-St-Zip: ORLANDO, FL 32872

Title: TD () Delete
Name: DOMINGO, NENET
Address: 2510 RUNYON CIR.
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NENET DOMINGO

TD

07/02/2004

Electronic Signature of Signing Officer or Director

Date