

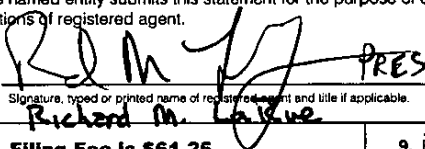
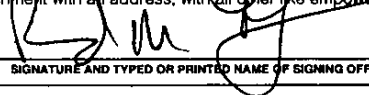


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90048 038 \*\*\*\*61.25

<b>DOCUMENT # 759463</b> 1. Entity Name <b>ORANGE COUNTY HOMEOWNERS ASSOCIATION, INCORPORATED</b> <b>ORANGE COUNTY HOMEOWNERS ASSOCIATION ALLIANCE, INC</b>					
Principal Place of Business <b>P O BOX 533657</b> <b>ORLANDO, FL 32819-5000</b>		Mailing Address <b>P O BOX 533657</b> <b>ORLANDO, FL 32819-5000</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2288209</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JUSTICE, SCOTT</b> <b>9117 RIDGE PINE TR.</b> <b>ORLANDO, FL 32819</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE  <b>PRES</b> Signature, typed or printed name of registered agent and title if applicable.		DATE <b>1/3/05</b> (NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COUCHMAN, GAIL 1708 SANTA MARIA PL. ORLANDO, FL 32806 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard M. LaRue 1708 Santa Maria Place, Orlando, FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIRECTOR JUSTICE, SCOTT 9117 RIDGE PINE TR. ORLANDO, FL 32819 <input type="checkbox"/> Delete <b>CHANGE Title to D</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOUGLAS KELLY 1105 MISSION RIDGE Ct., Orlando, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WUNDERLICH, RODGER 10119 CULPEPPER CT. ORLANDO, FL 32836 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERT KELLY 10034 CRYSTALLINE CT., ORLANDO, FL 32836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, CHARLENE 2606 SUNBREEZE CT. ORLANDO, FL 32805 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ETZLER, MARY ANN PO BOX 720656 ORLANDO, FL 32872 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOMINGO, NENET 2510 RUNYON CIR. ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>PRES.</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>1/3/05</b> Daytime Phone # <b>407-094-5431</b>	