

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90091 015 ****61.25

DOCUMENT # 759463

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2288209**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPEARS, RICHARD
9132 RIDGE PINE TRAIL
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

Scott Justice

Street Address (P.O. Box Number is Not Acceptable)

9117 Ridge Pine Trail

City

Orlando

FL

Zip Code
32819

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	COUCHMAN, GAIL	
STREET ADDRESS	451 SONOMA VALLEY CIR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT H	
STREET ADDRESS	7973 SOUTH PARK PL	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EMLING, JONI M	
STREET ADDRESS	3055 BIRMINGHAM BLVD	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPEARS, RICHARD L.	
STREET ADDRESS	9132 RIDGE PINE TRAIL	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	TITER, TRISH	
STREET ADDRESS	8103 WELLSMERE CIR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAGE, FRANK L	
STREET ADDRESS	5010 WINWOOD WAY	
CITY-ST-ZIP	ORLANDO FL 32819	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard LaRue	
STREET ADDRESS	1708 Santa Maria Place	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Justice	
STREET ADDRESS	9117 Ridge Pine Trail	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodger Wunderlich	
STREET ADDRESS	10119 Culpepper Court	
CITY-ST-ZIP	Orlando, FL 32836	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlene Mitchell	
STREET ADDRESS	2606 Sunbreeze Court	
CITY-ST-ZIP	Orlando, FL 32805	
TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Ann Etzler	
STREET ADDRESS	P. O. Box 720656	
CITY-ST-ZIP	Orlando, FL 32872	
TITLE	T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nenet Domingo	
STREET ADDRESS	2510 Runyon Circle	
CITY-ST-ZIP	Orlando, FL 32837	

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

SCOTT JUSTICE

2/4/03

407 893-3849

CR2E037 (10/02)