

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90034 047 ****61.25

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04112008 Chg-NP CR2E037 (12/06)

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|--|--|---|--|--|--|
| DOCUMENT # 764339 1. Entity Name ORANGE BLOSSOM RANCH ASSOCIATION, INC. | | | | | |
| Principal Place of Business 4615 BLOSSOM BLVD. ZEPHYRHILLS, FL 33542 | | | Mailing Address 4615 BLOSSOM BLVD. ZEPHYRHILLS, FL 33542 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-2320995 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BACKMAN, GAIL L 37724 ALISSA DR ZEPHYRHILLS, FL 33542 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to: Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SNYDER, BRUCE 4508 BLOSSOM BLVD. ZEPHYRHILLS, FL 33542 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BARBARA ERDMANN 4620 BLOSSOM BLVD. ZEPHYRHILLS, FL 33542 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD YAPLE, CHARLES 4528 BLOSSOM BLVD. ZEPHYRHILLS, FL 33542 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVELYN LA CROIX 4529 BLOSSOM BLVD. ZEPHYRHILLS, FL 33542 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DAVIES, LESLIE 4527 BLOSSOM BLVD. ZEPHYRHILLS, FL 33542 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAREST, MAUREEN 37812 ALISSA DR ZEPHYRHILLS, FL 33542 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STEPHENS, MISSY 37720 ALISSA DR ZEPHYRHILLS, FL 33542 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DRAPEAU, PATRICIA 37808 ALISSA DR ZEPHYRHILLS, FL 33542 | | 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 exemptions contained in Chapter 119, 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: <u>GAIL L. BACKMAN</u> <i>Gail L. Backman</i> <u>4/11/2008</u> <u>813-788-3505</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |