2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 11, 2006 8:00 am Secretary of State

DOCUMENT # N0000000428 1. Entity Name ORANGE LAKE VILLAGE HOMEOWNERS ASSOCIATION, INC.					05-11-2006 90247 010 ***400.00					
Principal Place of Business 10345 111TH PLACE NORTH LARGO, FL 33773-4054		Mailing Address PO 80X 719 LARGO, FL 33779		٠	. <i>.</i>	i				
2. Principal Pi	ace of Business 16 1011 Lane North	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04062006	Chg-NP	CR2E03	37 (11/05)		
City & State Largo FL		City & State			4. FEI Number 59-3634	826		⊢	plied For t Applicable	
^{Zip} 331	Country	Zip	Country		5. Certificate of	f Status Desired		\$8.75 Add Fee Required		
	6Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	Registered./	Agent		
DINEY HENDY				Name Rose Rosado						
RUNEY, HENRY 10345-111TH PL N LARGO, FL 33773			Street	Street Address (P.O. Box Number is Not Acceptable)						
L-11100, 11	2 33773		0.7					Zip_Code		
			City	City Largo FL 2					້ າ ໄດ້	
8. The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent. SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required w					red agent, or both,		orida. I am i		and accept	
	Signature, typed or printed name of registered agent if	and title if applicable. (NOTE: R	Registered Agent sign	ature required	when reinstating)		DATE			
	Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Col	aign Financing	ature required	\$5.00 May Be Added to Fees	I		c payable to		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIF	9. Election Camp Trust Fund Con	aign Financing		\$5.00 May Be Added to Fees	Flor	rida Depar	tment of SI	10	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIF	9. Election Camp Trust Fund Co	naign Financing ntribution.	□ PR€5	\$5.00 May Be Added to Fees	Flor	rida Depar	tment of St	tate	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-06 - 121-394-840 Date Daytine Phone #