

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90350 028 \*\*\*\*61.25

**DOCUMENT # N01000000425**

1. Entity Name  
**ORANGEBROOK HOMEOWNER'S ASSOCIATION INC.**



Principal Place of Business  
3212 FLORIDA STREET  
HOLLYWOOD, FL 33021

Mailing Address  
3212 FLORIDA STREET  
HOLLYWOOD, FL 33021

**50040722**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102005 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-1075362

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORLICK, HARRY  
3212 FLORIDA STREET  
HOLLYWOOD, FL 33021

Name

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

City

**FL**

Zip Code

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME HORLICK, HARRY  
STREET ADDRESS 3212 FLORIDA STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Delete

TITLE V. Pres  
NAME ROBERT A HEARN ☐ Change ☒ Addition  
STREET ADDRESS 33021  
CITY-ST-ZIP 3344 State St Hollywood FLA

TITLE VP  
NAME FORD, SANDRA  
STREET ADDRESS 3300 SOUTH STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☒ Delete

TITLE  
NAME EDNA MCGRATH ☐ Change ☒ Addition  
STREET ADDRESS 33021  
CITY-ST-ZIP 1509.33 TERRACE Hollywood FLA

TITLE S  
NAME CUMMINGS, MARY  
STREET ADDRESS 3212 BROADWAY ST  
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Delete

TITLE  
NAME DOMINICK GUAGLIRA ☐ Change ☒ Addition  
STREET ADDRESS 33021  
CITY-ST-ZIP 3208 Odorinda St Hollywood FLA

TITLE T  
NAME SEGUIN, DEL  
STREET ADDRESS 3233 STATE ST  
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME CHAMPOUX, DENISE  
STREET ADDRESS 3308 BROADWAY ST  
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME PROVENCHER, REJEANNE  
STREET ADDRESS 3332 BROADWAY STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/04 954  
224 6998