


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90044 040 ****61.25

DOCUMENT # N01000003807 1. Entity Name ORANGE BLOSSOM OWNER HANDLERS ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business 795 BRIARWOOD COURT ORANGE CITY, FL 32763			Mailing Address 795 BRIARWOOD COURT ORANGE CITY, FL 32763		
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 59-3744201	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FULENWIDER, SUSAN 795 BRIARWOOD COURT ORANGE CITY, FL 32763			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	DP CONROY, MICHELLE 5066 WASHINGTON ROAD DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP Susan Fulenwider 795 Briarwood Court Orange City, FL 32763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MELLO, JOHN 1230 GLENDARRY RD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cathy Nirenberg 16596 SW 60 Plce Ocala, FL 34481	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PARKS, DALE 914 LEMON RD SO DAYTONA, FL 32119	<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	DV STASIAK, JANET 357 COLLINS ST ORMOND BCH., FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dabbi Allen 5977 Star Grass Lane Naples, FL 34116	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FULENWIDER, SUSAN 795 BRIARWOOD CT ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Janet Narushka 357 Collins St. Ormond Beach, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TOPPING, LAURA 3310 SAN PEDRO ST CLEARWATER, FL 33759	<input 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: <u>Laura Topping</u> Laura Topping <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>					
Date 1/23/2005 Daytime Phone 888-830-8911					

40007310



01232005 Chg-NP CR2E037 (10/03)

FL

Zip Code

Daytime Phone

X1233