

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90092 037 ****61.25

DOCUMENT # N03000001782

1. Entity Name
**ORANGE GROVE MOBILE PARK HOMEOWNERS
ASSOCIATION INC.**



Principal Place of Business
**647 NUNA AVE LOT 42
LOT 67
FT. MYERS, FL 33905**

Mailing Address
**647 NUNA AVE LOT 42
LOT 67
FT MYERS, FL 33905**

50022464



2. Principal Place of Business

647 NUNA AVE

Suite, Apt. #, etc.

LOT 67

City & State

FORT MYERS, FL

Zip

33905

Country

US

3. Mailing Address

647 NUNA AVE

Suite, Apt. #, etc.

LOT 67

City & State

FORT MYERS, FL

Zip

33905

Country

US

02112005

Chg-NP

CR2E037 (10/03)

4. FEI Number
45-0506544

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DERRINGER, JERRY
647 NUNA AVE
LOT 67
FT MYERS, FL 33905**

7. Name and Address of New Registered Agent

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

Jerry Derringer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
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

TITLE **P** ☐ Delete
NAME **RITCHIE, RONALD A**
STREET ADDRESS **647 NUNA AVE., LOT 43**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE **V** ☐ Delete
NAME **DERRINGER, JERRY**
STREET ADDRESS **647 NUNA AVE., LOT 67**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE **T** ☐ Delete
NAME **LICHI, CARL W**
STREET ADDRESS **647 NUNA AVE., LOT 48**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE **S** ☒ Delete
NAME **FOX, MARILYN**
STREET ADDRESS **647 NUNA AVE., LOT 37**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE **TR** ☐ Delete
NAME **JOANSON, KATHERINE**
STREET ADDRESS **647 NUNA AVE., LOT 52**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE **TR** ☐ Delete
NAME **PRIESTER, WANDA**
STREET ADDRESS **647 NUNA AVE., LOT 40**
CITY-ST-ZIP **FORT MYERS, FL 33905**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **LICINI**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **S MURRAY, JEFF C.**
STREET ADDRESS **647 NUNA AVE. LOT 51**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE ☒ Change ☐ Addition
NAME **JOHNSON**
STREET ADDRESS
CITY-ST-ZIP

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

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:

Ronald A Ritchie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 05 239 690 1985
Date Daytime Phone #

PHONE 239-690-2859