

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90244 040 ****61.25

DOCUMENT # N03000001782					
1. Entity Name ORANGE GROVE MOBILE PARK HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business 647 NUNA AVE LOT 67 FT MYERS, FL 33905			Mailing Address 647 NUNA AVE LOT 67 FT MYERS, FL 33905		
2. Principal Place of Business		3. Mailing Address 647 NUNA AVE Suite, Apt. #, etc. LOT 45			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State FT MYERS		4. FEI Number 45-0506544	
Zip		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$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: KATHERINE JOHNSON Street Address (P.O. Box Number is Not Acceptable): 647 NUNA AVE LOT 45 City: FT MYERS, FL Zip Code: 33905			
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: <u>Katherine Johnson</u> DATE: <u>3-16-06</u> <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, 2006		9. Election Campaign Financing <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 P NAME RITCHIE, RONALD A STREET ADDRESS 647 NUNA AVE., LOT 43 CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE P NAME JOHN WALKER STREET ADDRESS 647 NUNA AVE LOT 47 CITY-ST-ZIP FT MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME DERRINGER, JERRY STREET ADDRESS 647 NUNA AVE., LOT 67 CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE V NAME STAN RYAN STREET ADDRESS 647 NUNA AVE LOT 38 CITY-ST-ZIP FT MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME LICINI, CARL W STREET ADDRESS 647 NUNA AVE., LOT 48 CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE K NAME KATHERINE JOHNSON STREET ADDRESS 647 NUNA AVE. LOT 45 CITY-ST-ZIP FT MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MURRAY, JEFF C STREET ADDRESS 647 NUNA AVE, LOT 51 CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE S NAME JERRY DERRINGER STREET ADDRESS 647 NUNA AVE LOT 67 CITY-ST-ZIP FT MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TR NAME JOHNSON, KATHERINE STREET ADDRESS 647 NUNA AVE., LOT 52 CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE TR NAME MARILYN FOX STREET ADDRESS 647 NUNA AVE. LOT 37 CITY-ST-ZIP FT MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TR NAME PRIESTER, WANDA STREET ADDRESS 647 NUNA AVE., LOT 40 CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE TR NAME BRENDA CONN STREET ADDRESS 647 NUNA AVE LOT 46 CITY-ST-ZIP FT MYERS, FL 33905	<input checked="" 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>Katherine Johnson</u> <u>KATHERINE JOHNSON</u> <u>3-16-06</u> <u>(239) 942413</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					