

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90012 020 ****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 45
FT MYERS, FL 33905**

40043437

2. Principal Place of Business - No P.O. Box #
647 NUNA AVE

3. Mailing Address
647 NUNA AVE

Suite, Apt. #, etc.
LOT 45

Suite, Apt. #, etc.
LOT 45

City & State
FT MYERS, FL

City & State
FT MYERS, FL

Zip
33905

Country
LEE

Zip
33905

Country
LEE

03122007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**JOHNSON, KATHERINE
647 NUNA AVE
LOT 45
FT MYERS, FL 33905**

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

Katherine Johnson

3-12-07

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	<input type="checkbox"/> Delete
NAME	WALKER, JOHN	
STREET ADDRESS	647 NUNA AVE., LOT 47	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	V	<input type="checkbox"/> Delete
NAME	RYAN, STAN	
STREET ADDRESS	647 NUNA AVE., LOT 38	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, KATHERINE	
STREET ADDRESS	647 NUNA AVE., LOT 45	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PERRINGER, JERRY	
STREET ADDRESS	647 NUNA AVE., LOT 67	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	TR	<input type="checkbox"/> Delete
NAME	FOX, MARILYN	
STREET ADDRESS	647 NUNA AVE., LOT 37	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CONN, BRENDA	
STREET ADDRESS	647 NUNA AVE., LOT 46	
CITY-ST-ZIP	FORT MYERS, FL 33905	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY CHRISTINE MYERS
STREET ADDRESS	647 NUNA AVE. LOT 51
CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Katherine Johnson

3-12-07

234-694-2413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #