

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90011 007 ****61.25

DOCUMENT # N03000001782

1. Entity Name

**ORANGE GROVE MOBILE PARK HOMEOWNERS
ASSOCIATION INC.**



Principal Place of Business

**647 NUNA AVE
LOT 45
FT MYERS FL 33905**

Mailing Address

**647 NUNA AVE
LOT 45
FT MYERS FL 33905**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

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

7. Name and Address of New Registered Agent

Name

JOHN WALKER

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

647 NUNA AVENUE - LOT 47

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/08

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 ☐ Delete
NAME **WALKER, JOHN**
STREET ADDRESS **647 NUNA AVE., LOT 47**
CITY- ST- ZIP **FORT MYERS FL 33905**

TITLE ☐ Delete
NAME **RYAN, STAN**
STREET ADDRESS **647 NUNA AVE., LOT 38**
CITY- ST- ZIP **FORT MYERS FL 33905**

TITLE ☒ Delete
NAME **JOHNSON, KATHERINE**
STREET ADDRESS **647 NUNA AVE., LOT 45**
CITY- ST- ZIP **FORT MYERS FL 33905**

TITLE ☐ Delete
NAME **MYERS, CHRISTINE**
STREET ADDRESS **647 NUNA AVE., LOT 51**
CITY- ST- ZIP **FORT MYERS FL 33905**

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

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

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

TITLE ☐ Change ☒ Addition
NAME **TR VERNON PHELPS**
STREET ADDRESS **647 NUNA AVE - LOT 44**
CITY- ST- ZIP **FT. MYERS, FL 33905**

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

TITLE ☐ Change ☐ Addition
NAME
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 exemptions contained in Section 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:

JOHN WALKER / J.O. WALKER

3/9/08

651.470.4060