2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Supplemental Report @ 3/15/09

FILED
09 APR 20 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

$61.25 for 2009 enclosed

DOCUMENT # N03000001782

1. Entity Name

ORANGE GROVE MOBILE PARK HOMEOWNERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
647 NUNA AVE LOT 45 FT MYERS FL 33905	647 NUNA AVE LOT 45 FT MYERS FL 33905

1st MOORE CR2E037 (10/07)

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

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 SAME AT 3/15/09	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: J.O. Walker 3/9/08

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALKER, JOHN 647 NUNA AVE., LOT 47 FORT MYERS FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800151490428 04/21/09--01029--009 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RYAN, STAN 647 NUNA AVE., LOT 38 FORT MYERS FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition $M/22
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, KATHERINE 647 NUNA AVE., LOT 45 FORT MYERS FL 33905	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition TR BARBARA MILLER LOT 11 @ 3/15/09
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MYERS, CHRISTINE 647 NUNA AVE., LOT 51 FORT MYERS FL 33905	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition S JEFF MURRY LOT 45 @ 3/15/09
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR FOX, MARILYN 647 NUNA AVE., LOT 37 FORT MYERS FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR CONN, BRENDA 647 NUNA AVE., LOT 46 FORT MYERS FL 33905	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VERNON PHELPS LOT 44 @ 3/15/09

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: J.O. Walker / J.O. WALKER 3/9/08 651.470.4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #