2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2007 08:00 AN Secretary of State

DOCUMENT # N0300002266 1. Entity Name ORANGE ESTATES OWNERS ASSOCIATION, Principal Place of Business Mailing Addi 3355 OCEAN DR. VERO BCH, FL 32963 VERO BCH,	iress		i (matilità i si)	Secretary of Sta
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent		CE	01032007 4. FEI Numbe 20-106	
EVANS, RALPH L 3355 OCEAN DR. VERO BCH, FL 32963		DO NOT WRITE IN THIS SPACE		
8. The above named entity submits this statement for the purpose of changing its registered office of 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 II applicable. (NOTE. Registered Agent signature required when refinetating) DATE				
· · · · · · · · · · · · · · · · · · ·	ction Campaign Finan st Fund Contribution.	~ _ ~~.	00 May Be ed to Fees	
10. OFFICERS AND DIRECTORS SITLE P NAME STREETMAN, CALPHREY B STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 SITLE S NAME STREETMAN, GEORGE H STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 TELES THE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960				U00000593074 01/22/07-80017-019 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				NOT WRITE THIS SPACE
MAME STREET ADDRESS CITY-ST-ZIP HITLE 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 exadement with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE: Date of 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 name appears in Block 10 or Block 11 if changed, or on an exadement with an address, with all other like empowered. SIGNATURE: SIGNATURE: Date of 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 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 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 supplied with the information indicated on this report of the same legal effect as if made under oath; that my name experience of the composition of the comp				