2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006117

FILED Aug 01, 2006 Secretary of State

Entity Name: ORANGE BRANCH BAY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

12001 SCIENCE DRIVE - SUITE 160 ORLANDO, FL 32826

Current Mailing Address:

New Mailing Address:

12001 SCIENCE DRIVE - SUITE 160 ORLANDO, FL 32826

8009 SOUTH ORANGE AVENUE

ORLANDO, FL 38309

FEI Number: 74-3121503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MITCHEM, WILLIAM R

12001 SCIENCE DRIVE - SUITE 160 ORLANDO, FL 32826

MITCHEM, WILLIAM R 11875 HIGH TECH AVENUE

SUITE 100A

ORLANDO, FL 32817 US

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.

SIGNATURE: WILLIAM R. MITCHEM

08/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

MITCHEM, WILLIAM R Name:

12001 SCIENCE DRIVE - SUITE 160 Address:

City-St-Zip: ORLANDO, FL 32826

Title: () Delete

Name: WOFFORD, KEN

Address: 12001 SCIENCE DRIVE, SUITE 160

City-St-Zip: ORLANDO, FL 32826

Title: DST () Delete

KIRWAN, GLEN Name:

12001 SCIENCE DRIVE - SUITE 160 Address:

City-St-Zip: ORLANDO, FL 32826 (X) Change () Addition

MITCHEM, WILLIAM R Name:

Address: 11875 HIGH TECH AVENUE, SUITE 100A

City-St-Zip: ORLANDO, FL 32817

(X) Change () Addition Title:

Name: WOFFORD, KEN

Address: 11875 HIGH TECH AVENUE, SUITE 100A

City-St-Zip: ORLANDO, FL 32817

Title: DST (X) Change () Addition

Name: KIRWAN, GLENN

12001 SCIENCE DRIVE, SUITE 160 Address: City-St-Zip: ORLANDO, FL 32826

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. MITCHEM RΑ