

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90109 016 \*\*\*\*61.25

**DOCUMENT # N03000010458**

1. Entity Name  
 ORANGE BLOSSOM CREEK ASSOCIATION, INC.



Principal Place of Business  
 5100 W LEMON ST STE 306  
 TAMPA, FL 33609

Mailing Address  
 5100 W LEMON ST STE 306  
 TAMPA, FL 33609

**50025985**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 GREENADE PROPERTIES INC  
 Suite, Apt. #, etc.  
 4131 GUNN HWY

02102005 Chg-NP CR2E037 (10/03)

City & State

City & State  
 TAA FL

4. FEI Number  
 13-4275836

Applied For  
 Not Applicable

Zip

Country

Zip

Country

33609

HILLSBOROUGH

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

SCHLOSSER, RICHARD A ESQ.  
 500 E KENNEDY BLVD STE 200  
 TAMPA, FL 33602

Name: no change  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: FL Zip Code: 0

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	DP	<input type="checkbox"/> Delete
NAME	KARPAY, BARRY I	
STREET ADDRESS	5100 W. LEMON STREET, SUITE 306	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MESSINA, FRANK	
STREET ADDRESS	5100 W. LEMON STREET, SUITE 306	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HUORLIK, DEBORA L LCAM	
STREET ADDRESS	5100 W. LEMON STREET, SUITE 306	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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:

*Deborah L Hudrik*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-05  
 Date

813-282-1616  
 Daytime Phone #

Deborah L Hudrik  
 Sec/Treas.

X295