2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N04000008929

ORANGE CITY TOWN CENTER PROPERTY OWNERS ASSOCIATION, INC.

6. Name and Address of Current Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered

OFFICERS AND DIRECTORS



Principal Place of Business 2574 SOUTH VOLUSIA AVE. ORANGE CITY, FL 32763

Mailing Address

2574 SOUTH VOLUSIA AVE. ORANGE CITY, FL 32763

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

3. Mailing Address

Apr 13, 2007 8:00 am Secretary of State

04-13-2007 90179 031 ****61.25

40060149

Chg-NP

03272007



CR2E037 (12/06)

1019	То	wn	Ce	nte	r Di	rive	
Oran	ge	City	y, F	Flori	ida	327	63

WANAMAKER, JOHN

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

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CITY-ST-ZIP

2574 SOUTH VOLUSIA AVE. ORANGE CITY, FL 32763

the obligations of registered agent.

MGR

Filing Fee is \$61.25

Due by May 1, 2007

WANAMAKER, JOHN

RUDIS, CHUCK

2574 SOUTH VOLUSIA AVE.

2574 SOUTH VOLUSIA AVE.

2574 SOUTH VOLUSIA AVE.

ORANGE CITY, FL 32763

ORANGE CITY, FL 32763

SEREMETA, RICHARD

ORANGE CITY, FL 32763

1019 Town Center Drive Orange City, Florida 32763

9. Election Campaign Financing

STREET ADDRESS

NAME

Trust Fund Contribution.

☐ Delete

Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

11661 6	51110						
lorida 32763		f. FEI Number			Applied For		
		20-163453	3		Not Applicable		
1		5. Certificate of St	5. Certificate of Status Desired				
		7. Name and Add	ress of New Registe	red Agent			
	Name	2ml					
	Street A	ddress (P.O. Box Number is I	Not Acceptable)	·			
	101	19 Town Center Driv	10				
		ange City, Florida 3	-	Zip Code m familiar with, and accept			
ng its re	gistered						
			4/4/0	7			
(NOTE: R	Registered Agent signat	ure required when reinstating)	· · · · · · · · · · · · · · · · · · ·				
	aign Financing ntribution.	\$5.00 May Be Added to Fees		heck payable epartment of			
	11.	ADDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTORS	IN 10		
	TITLE NAME STREET ADDRESS	Same 1019 Town (iènter Dr	Change	Addition		
<u>-</u> -	CITY-ST-ZIP	Ocange Cite	F1 327 (. 3			
	TITLE NAME	Same 1019 Town	inster Dr	🔊 Change	Addition		
	STREET ADDRESS CITY-ST-ZIP	Orange	./. ~	. ገራ 3			
	TITLE	Same	. 2	□ Change	Addition		
	NAME STREET ADDRESS CITY-ST-ZIP						
	TITLE	1019 Town Center		Change	. Addition		
	NAME STREET ADDRESS CITY-ST-ZIP	Orange City, Flori	Ida 32763	Onlings			
	TITLE			☐ Change	Addition		
	NAME STREET ADDRESS			·			
-	CITY-ST-ZIP			☐ Change	☐ Addition		
		i					

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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE ITED NAME OF SIGNING OFFICER OR DIRECTOR 386 775-8633