2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N08000000568

Entity Name: ORANGE HEIGHTS HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

5966 TWIN BEND LOOP
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

5936 TWIN BEND LOOP
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5966 TWIN BEND LOOP
NEW PORT RICHEY, FL 34652

New Mailing Address:

5936 TWIN BEND LOOP
NEW PORT RICHEY, FL 34652

FEI Number: 37-1562104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TORONY, DAN
5936 TWIN BEND LOOP
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: THOMAS, PAM
Address: PO BOX 354
City-St-Zip: ELFERS, FL 34680

Title: D ( ) Delete
Name: MACLEAN, JIM
Address: 5920 TWIN BEND LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete
Name: WILSON, SUE
Address: 5966 TWIN BEND LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete
Name: CHALLEEN, SANDY
Address: 5919 TWIN BEND LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: TORONY, DAN
Address: 5936TWIN BEND LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change ( ) Addition
Name: CHALLEEN, SANDY
Address: 5919 TWIN BEND LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP (X) Change ( ) Addition
Name: BURRELL, ROBERT
Address: 5921 TWIN BEND LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SEC ( ) Change (X) Addition
Name: BURRELL, BETTY
Address: 5921 TWIN BEND LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TR ( ) Change (X) Addition
Name: CHALLEEN, JON
Address: 5919 TWIN BEND LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify 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: BETTY BURRELL SEC 04/06/2009

Electronic Signature of Signing Officer or Director — Date