## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N13337

FILED Apr 19, 2005 Secretary of State

Entity Name: ORANGE PARK HOMES, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
P.O. BOX		UMBUS COUNCIL NO. 7399 0671455			
	/lailing Addre		New Maili	New Mailing Address:	
P.O. BOX		UMBUS COUNCIL NO. 7399 0671455			
FEI Number	r: 59-2804027	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and	Address of New Registered Agent:	
414 JANE	AUER, RAYMO ELL DRIVE PARK, FL 320				
	e named entity te of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or both	
SIGNATU	RE:				
		nic Signature of Registered A	gent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	VD ( SKULSKY, JAI 1682 DOGWO MIDDLEBURG	OOD CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	WITTENAVER	•	Title: Name: Address:	PD (X) Change ( ) Addition WITTENAUER, RAYMOND 414 JANELL DRIVE	
Name: Address: City-St-Zip:	414 JANELL D ORANGE PAR		City-St-Zip:	ORANGE PARK, FL 32073	
Address: City-St-Zip: Fitle: Name: Address:	ORANGE PAR	K, FL 32073 ) Delete RTURO RIVE	City-St-Zip: Title: Name: Address: City-St-Zip:	ORANGE PARK, FL 32073  ( ) Change ( ) Addition	
Address:	ORANGE PAR  D ( SERRANO, AR 523 CODY DR ORANGE PAR	RK, FL 32073  ) Delete RTURO RIVE RK, FL 32073  ) Delete SSIE E R BLVD	Title: Name: Address:	·	
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	ORANGE PAR  D ( SERRANO, AR 523 CODY DR ORANGE PAR  TD ( PALMER, JES 1614 BELLAIR ORANGE PAR	P.K., FL 32073  Delete RTURO RIVE RK, FL 32073  Delete RSIE E R BLVD RK, FL  Delete RLES V R'S LAKE DR.	Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAYMOND A. WITTENAUER PD 04/19/2005