

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13632

1. Entity Name

ORANGEWOOD LAKES MOBILE HOME PARK ASSOCIATION, I

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90021 045 \*\*\*\*61.25

09-13-2000 90012 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7850 ORANGEWOOD LAKES  
NEW PORT RICHEY FL 34653  
US

7850 ORANGEWOOD LAKES  
NEW PORT RICHEY FL 34653  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2620355

Applied For

Not Applicable

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

BARTZ, VERNON  
7850 ORANGEWOOD LAKES  
NEW PORT RICHEY FL 34653

Name  
*Norma L. Rancourt*  
Street Address (P.O. Box Number is Not Acceptable)  
*7831 Oldfield Rd*  
*New Port Richey*  
City  
**FL** Zip Code  
*34653*

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.

SIGNATURE

*Norma L. Rancourt, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*9/9/00*

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTZ, VERNON 7850 ORANGEWOOD LAKES NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WERT, WILLIAM 7745 GREENLAWN DR NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRAVES, SHIRLEY 7911 SUNRUNNER DR NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KRUEGER, LEEANN 6335 SUN COUNTRY DR NEW PORT RICHEY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUFFMAN, LEOTA 6426 SUN COUNTRY DR NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Norma L. Rancourt</i> <i>7831 Oldfield Rd.</i> <i>New Port Richey, FL 34653</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> <i>WERT, William</i> <i>7745 Greenlawn Drive</i> <i>New Port Richey, FL 34653</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD</i> <i>Draves Shirley</i> <i>7911 Sunrunner Drive</i> <i>New Port Richey, FL 34653</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VSD</i> <i>Clare</i> <i>7845 Oldfield Rd.</i> <i>New Port Richey, FL 34653</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD</i> <i>Deschenes, Liliane</i> <i>7750 Wexbury ST.</i> <i>New Port Richey, FL 34653</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Norma L. Rancourt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*207-783-6162*

*727-245-7277*

CR2E037 (5/00)