

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90038 028 ****70.00

DOCUMENT # N13632

1. Entity Name

ORANGEWOOD LAKES MOBILE HOME PARK
ASSOCIATION, INC.



Principal Place of Business

7750 WAYBURY ST.
NEW PORT RICHEY FL 34653
US

Mailing Address

7750 WAYBURY ST.
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

DESCHENES, LILIANE
7750 WAYBURY ST.
NEW PORT RICHEY FL 34653

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP	PD TANGUAY, ROBERT 7840 GREENLAWN DRIVE NEW PORT RICHEY FL 34653	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANCOURT, DAVID 7831 OLD FIELD RD. NEW PORT RICHEY FL 34658	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IOSA, JOHN 9745 GREENLAEN NEW PORT RICHEY FL 34653	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PICHE, IRENE 7815 WAYBURY ST NEW PORT RICHEY FL 34653	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DESCHENES, LILIANE 7750 WAYBURY ST. NEW PORT RICHEY FL 34653	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARVER, JEANNE 7910 OLDFIELD RD. NEW PORT RICHEY FL 34653	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR KANE MICHAEL 7834 LYNBROOK DR NEW PORT RICHEY FL 34653	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT / D WILKINSON GORDON 6320 SUN COUNTRY DR NEW PORT RICHEY FL 34653	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT / D RANCOURT-NORMA 7831 OLDFIELD DR NEW PORT RICHEY FL 34653	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SOMERS JANE 7855 SUN RUNNER DR NEW PORT RICHEY FL 34653	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☒ 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:

L. Deschenes
L. DESCHENES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 February 2005 727-841-6867

Date Daytime Phone #