

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90002 014 ****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**

50025037



2. Principal Place of Business

6335 Rambling Rd.
Suite, Apt. #, etc.

3. Mailing Address

6335 Rambling Rd.
Suite, Apt. #, etc.

07312006

Chg-NP

CR2E037 (4/06)

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FL

Zip
34653

Country
US

Zip
34653

Country
US

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

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

7. Name and Address of New Registered Agent

Name **Wilma CARTER**

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

6335 Rambling Rd.

City **NEW PORT RICHEY**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Wilma Carter**

Wilma CARTER

8-8-2006

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fees \$61.25
Due by September 6, 2006**

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

TITLE PD ☒ Delete
NAME KANE, MICHAEL
STREET ADDRESS 7834 LYNBROOK DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE VP/D ☒ Delete
NAME WILKINSON, GORDON
STREET ADDRESS 6320 SUN COUNTRY ROAD
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE 2VPD ☒ Delete
NAME RANCOURT, NORHA
STREET ADDRESS 7951 OLDFIELD DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE S ☐ Delete
NAME SOMERS, JANE
STREET ADDRESS 7855 SUN RUNNER DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE T ☒ Delete
NAME DESCHENES, LILIANE
STREET ADDRESS 7750 WAYBURY ST.
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS SINCE 10

TITLE PRESIDENT: ☒ Change ☐ Addition
NAME Bill Pritchard
STREET ADDRESS 7751 Oldfield Rd.
CITY-ST-ZIP New Port Richey, FL 34653

TITLE VICE PRESIDENT: ☒ Change ☐ Addition
NAME Virgie Wendel
STREET ADDRESS 7745 Oldfield Rd.
CITY-ST-ZIP New Port Richey, FL 34653

TITLE SECOND VICE PRESIDENT: ☒ Change ☐ Addition
NAME Khristina White
STREET ADDRESS 7914 Orangewood Lakes Dr.
CITY-ST-ZIP New Port Richey, FL 34653

TITLE SECRETARY: ☐ Change ☐ Addition
NAME Jane Somers
STREET ADDRESS 7855 Sunrunner Dr.
CITY-ST-ZIP New Port Richey, FL 34653

TITLE TREASURER: ☒ Change ☐ Addition
NAME Wilma Carter
STREET ADDRESS 6335 Rambling Rd
CITY-ST-ZIP New Port Richey, FL 34653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: **Wilma Carter** **Wilma CARTER** **8-8-2006** **727-841-7886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #