2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

NEW PORT RICHEY, FL 34653

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

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

1. Entity Nam ORANGE	MENT # N13632 WOOD LAKES MOBILE HON TION, INC.		_	08-11-2006 90002 014 ****70.00					
Principal Place of Business 7750 WAYBURY ST. NEW PORT RICHEY, FL 34653 US Mailing Address 7750 WAYBURY ST. NEW PORT RICHEY, FL 34654 NEW PORT RICHEY, FL 34654				1 (88)(18) 88) (188)	50025037				
2. Principal P	lace of Business	3. Mailing Address	1.1.	<u> </u>					
6333 Suite, Apt.		Suite, Apt. #, etc.	1DIING	7312006 C					
		·		07012000 (hg-NP CI	R2E037 (4/06)			
NEW State	PORT RICHEYFL	VEW PORT Ric.	hey FI	4. FEI Number 59-262035	55	<u> </u>	plied For t Applicable		
346		3 ^{zig} 4653	Country US	5. Certificate of St	tatus Desired	\$8.75 Add			
υ / ψ ·	6: Name and Address of Current Re	- / •		7. Name and Add	iress of New Registe	<u> </u>	-		
DECCUEN	T. T. H. IANIE		Name	Wilma C	11. 1 11. 12.				
7750 WAY	IES, LILIANE		Street A	ddress (P.O. Box Number is		·	·		
NEW POR	T RICHEY, FL 34653		12	2 F P. 1.1.	. 01				
	e e e e e e e e e e e e e e e e e e e		Q1y	35 KAMBII	7 _	FL 3292	د م ا		
8 The above	named entity submits this statement for th	e purpose of changing its re	gistered office or	- / • / / / · •		<u> </u>	and accept		
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 little if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
SIGNATURE :	Signature, typed or printed name of registered agent and				8-	8-200 DATE	16		
	Signature, typed or printed name of registered agent and Filling Feer is \$61.25 ue by September 6, 2006		legistered Agent signat aign Financing		Make o	8-200 Check payable to department of St	 o		
	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	legistered Agent signat aign Financing	\$5.00 May Be Added to Fees	Make o	Check payable to	o date		
Dı	Filing Fee is \$61.25 ue by September 6, 2006	9. Election Camp Trust Fund Co	legistered Agent signativation Financing ntribution.	\$5.00 May Be Added to Fees PRESIDENT:	Make o	check payable to	o date		
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DO 10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DIRECT PD KANE, MICHAEL 7834 LYNBROOK DR	9. Election Camp Trust Fund Con	egistered Agent signate aign Financing ntribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees PRESIDENT: Bill Pritchard 7751 Oldfield Rd.	Make of Florida D	check payable to	o aate		
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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.

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

6335 Rambling Rd

New Port Richey, FL 34653

☐ Change

■ Addition

SIGNATURE: Wilma Carter W	I'MA CARTER	8-8-2006	717-841-788	6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF	Oate	Daytime Phone #		