


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90053 045 ****61.25

DOCUMENT # N22402	
1. Entity Name ORONOQUE HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business C/O GARY C. SIMONS 121 NW THIRD STREET OCALA, FL 34475	Mailing Address C/O GARY C. SIMONS 121 NW THIRD STREET OCALA, FL 34475
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01302006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2843946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SIMONS, GARY C. 121 NW THIRD STREET OCALA, FL 32670	

7. Name and Address of New Registered Agent	
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	DATE
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> Delete
NAME	HILDNER, FRANK
STREET ADDRESS	5340 NE 2ND LANE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	POSNER, JILL
STREET ADDRESS	5321 N.E 2ND LANE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	BRADDOCK, VIVIAN
STREET ADDRESS	5521 NE 2ND LN
CITY-ST-ZIP	OCALA, FL 34470
TITLE	P <input type="checkbox"/> Delete
NAME	SMITH, JAMES "BUD"
STREET ADDRESS	5311 NE 2ND LANE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Minta Caldwell
STREET ADDRESS	5320 NE 1ST LANE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	Treasurer C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Streaker
STREET ADDRESS	5301 NE 2ND LANE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **JAMES L. SMITH, PRESIDENT** 02/01/06 (352) 620-0340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR