

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N23092 (2)**  
1. Corporation Name  
**ORANGE LAKE MOBILE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**15840-95 STATE RD. 50  
CLERMONT FL 34711  
US**

Mailing Address  
**15840-95 STATE RD. 50  
CLERMONT FL 34711  
US**

3. Date Incorporated or Qualified  
**10/20/1987**

3a. Date of Last Report  
**02/09/1995**

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2859638</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## 9. Name and Address of Current Registered Agent

**TAYLOR, C. S  
15840-95 STATE RD. 50  
CLERMONT FL 34711**

## 10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **C. S. TAYLOR**

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

(NOTE: Registered Agent signature required when reinstating)

**5-9-96**

DATE

## 12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>TAYLOR, C. S</b>	
STREET ADDRESS <b>15840-95 STATE RD. 50</b>	
CITY-ST-ZIP <b>CLERMONT FL 34711</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>HARTE, BRUCE</b>	
STREET ADDRESS <b>15840-229 STATE RD. 50</b>	
CITY-ST-ZIP <b>CLERMONT FL 34711</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>MACOY, GLADYS</b>	
STREET ADDRESS <b>15840-172 STATE RD. 50</b>	
CITY-ST-ZIP <b>CLERMONT FL</b>	
TITLE <b>AT</b>	<input type="checkbox"/> DELETE
NAME <b>JULIAN, FRANK</b>	
STREET ADDRESS <b>15840-238 STATE RD. 50</b>	
CITY-ST-ZIP <b>CLERMONT FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>JOHNSON, DOUG</b>	
STREET ADDRESS <b>15840-95 STATE RD. 50</b>	
CITY-ST-ZIP <b>CLERMONT FL</b>	
TITLE <b>AT</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WHELOCK, GLEEN</b>	
STREET ADDRESS <b>15840-238 STATE RD. 50</b>	
CITY-ST-ZIP <b>CLERMONT FL</b>	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>AT</b>
5.2 NAME <b>Pam Long</b>	
5.3 STREET ADDRESS <b>15840-125 SR 50 Clermont</b>	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>AT</b>
6.2 NAME <b>FRANK Stockton</b>	
6.3 STREET ADDRESS <b>15840-209 SR 50 Clermont</b>	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**C. S. TAYLOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-9-96**

Date

**407-656-0651**

Daytime Phone #

CR2E037 (12/95)