FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 #1

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:59

DOCUMENT # **N29888** (7)

1. Corporation Name

ORANGEWOOD LAKES MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 1675 NEW PORT RICHEY FL 34656	P. O. BOX 1675 NEW PORT RICHEY FL 34656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1988
3a. Date of Last Report: 02/22/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

REIS, CALVIN
6430 RAMBLING RD.
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): SAME
83: SAME
84 City: SAME **FL** 85 Zip Code: SAME

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☐ Change ☐ Addition
NAME	RIES, CALVIN	1.2 NAME		
STREET ADDRESS	6430 RAMBLING RD.	1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V	☐ Change ☐ Addition
NAME	BUTLER, ARTHUR,	2.2 NAME		
STREET ADDRESS	6339 RAMBLING RD.	2.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP		
TITLE	~~T~~	3.1 TITLE	T	☐ Change ☐ Addition
NAME	~~SMITH, HAZEL~~	3.2 NAME	JEANNA V. CARVER	
STREET ADDRESS	~~7815 LYNBROOK DR.~~	3.3 STREET ADDRESS	7910 OLDFIELD RD.	
CITY-ST-ZIP	~~NEW PORT RICHEY FL~~	3.4 CITY-ST-ZIP	NEW PORT RICHEY FL.	
TITLE	D	4.1 TITLE	D	☐ Change ☐ Addition
NAME	GRESSMAN, ROBERT	4.2 NAME		
STREET ADDRESS	7942 SUNRUNNER DRIVE	4.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	MARTON, MICHAEL	5.2 NAME		
STREET ADDRESS	7930 SUNRUNNER DRIVE	5.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☐ Change ☐ Addition
NAME	TERRY, RAY	6.2 NAME		
STREET ADDRESS	6510 SUN COUNTRY DR.	6.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	NEW PORT RICHEY FL	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: Calvin J. Ries CALVIN J. RIES - 3-8-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

813-842-1027
Daytime Phone #

0067633