

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N29888** (7)

1. Corporation Name

ORANGEWOOD LAKES MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P. O. BOX 1675
NEW PORT RICHEY FL 34656

Mailing Address

P. O. BOX 1675
NEW PORT RICHEY FL 34656

3. Date Incorporated or Qualified
12/23/1988

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

HOLLENSTEIN, RICHARD

82

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

7821 ORANGEWOOD LAKES DRIVE

83

NEW PORT RICHEY, FL. 34653

84

City

NEW PORT RICHEY, FL

FL

85 Zip Code

34653

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

Richard Hollenstein

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

(NOTE: Registered Agent signature required when reinstating)

3/12/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☒ DELETE

NAME

RIES, CALVIN

STREET ADDRESS

6430 RAMBLING RD.

CITY-ST-ZIP

NEW PORT RICHEY FL

TITLE

V

☐ DELETE

NAME

BUTLER, ARTHUR,

STREET ADDRESS

6339 RAMBLING RD.

CITY-ST-ZIP

NEW PORT RICHEY FL

TITLE

T

☐ DELETE

NAME

CARVER, JEANNA V

STREET ADDRESS

7910 OLDFIELD RD

CITY-ST-ZIP

NEW PORT RICHEY FL

TITLE

D

☒ DELETE

NAME

GRESSMAN, ROBERT

STREET ADDRESS

7942 SUNRUNNER DRIVE

CITY-ST-ZIP

NEW PORT RICHEY FL

TITLE

D

☒ DELETE

NAME

MARTON, MICHAEL

STREET ADDRESS

7930 SUNRUNNER DRIVE

CITY-ST-ZIP

NEW PORT RICHEY FL

TITLE

D

☒ DELETE

NAME

TERRY, RAY

STREET ADDRESS

6510 SUN COUNTRY DR.

CITY-ST-ZIP

NEW PORT RICHEY FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

HOLLENSTEIN, RICHARD

☐ Change

☒ Addition

1.2 NAME

1.3 STREET ADDRESS

7821 ORANGEWOOD LAKES DRIVE

1.4 CITY-ST-ZIP

NEW PORT RICHEY, FL

34653

2.1 TITLE

SECRETARY

☐ Change

☒ Addition

2.2 NAME

SHIRLEY DRAVES

2.3 STREET ADDRESS

7911 SUNRUNNER DRIVE

2.4 CITY-ST-ZIP

NEW PORT RICHEY, FL.

34653

3.1 TITLE

DIRECTOR

☐ Change

☒ Addition

3.2 NAME

RIES, CALVIN

3.3 STREET ADDRESS

6430 RAMBLING ROAD

3.4 CITY-ST-ZIP

NEW PORT RICHEY, FL.

34653

4.1 TITLE

DIRECTOR

☐ Change

☒ Addition

4.2 NAME

WILLIAMS, RITA

4.3 STREET ADDRESS

6445 BELLE TERRE ROAD

4.4 CITY-ST-ZIP

NEW PORT RICHEY, FL.

34653

5.1 TITLE

Director

☐ Change

☒ Addition

5.2 NAME

LABBE, NORMAND

5.3 STREET ADDRESS

7814 GREENLAWN DRIVE,

5.4 CITY-ST-ZIP

NPR

34653

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Shirley D. Draves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 MARCH 1996

Date:

813-841-6640

Daytime Phone #

CR2E037 (12/95)