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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HOLLENSTEIN, RICHARD
7821 ORANGEWOOD LAKES DRIVE
NEW PORT RICHEY FL 34653

3. Date Incorporated or Qualified

12/23/1988

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

NORMAND N. LABBE

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

7814 GREENLAWN DRIVE

83 City

NEW PORT RICHEY

84 State

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, 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

Normand N. Labbe

NORMAND N. LABBE, PRESIDENT

02/23/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **HOLLENSTEIN, RICHARD**
STREET ADDRESS **7821 ORANGEWOOD LAKES DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☒ 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 **S** ☒ DELETE

NAME **DRAVES, SHIRLEY**
STREET ADDRESS **7911 SUNRUNNER DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE

NAME **RIES, CALVIN**
STREET ADDRESS **6430 RAMBLING ROAD**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE

NAME **WILLIAMS, RITA**
STREET ADDRESS **6445 BELLE TERRE ROAD**
CITY-ST-ZIP **NEW PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **NORMAND N LABBE**
1.3 STREET ADDRESS **7814 GREENLAWN DRIVE**
1.4 CITY-ST-ZIP **NEW PORT RICHEY, FLA 34653**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **ARNOLD DRAVES**
2.3 STREET ADDRESS **7911 SUNRUNNER DRIVE**
2.4 CITY-ST-ZIP **NEW PORT RICHEY, FLA 34653**

3.1 TITLE **T** ☒ Change ☐ Addition

3.2 NAME **NORMA RANCOURT**
3.3 STREET ADDRESS **7835 OLDFIELD ROAD**
3.4 CITY-ST-ZIP **NEW PORT RICHEY, FLA 34653**

4.1 TITLE **S** ☒ Change ☐ Addition

4.2 NAME **SHIRLEY G. HORTON**
4.3 STREET ADDRESS **7810 LYNBROOK DRIVE**
4.4 CITY-ST-ZIP **NEW PORT RICHEY, FLA 34653**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **Same**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **Same**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Normand N. Labbe* **NORMAND N. LABBE, PRESIDENT** **02/23/98** **012 810 4301**

CR2E037 (10/97)