

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90036 012 *****61.25

DOCUMENT # N29888

1. Entity Name

ORANGEWOOD LAKES MOBILE HOMEOWNERS ASSOCIATION,

Principal Place of Business

P. O. BOX 1675
 NEW PORT RICHEY FL 34656

Mailing Address

P. O. BOX 1675
 NEW PORT RICHEY FL 34656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABBE, NORMAND N
7814 GREENLAWN DRIVE
NEW PORT RICHEY FL 34653

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P
LABBE, NORMAND N
7814 GREENLAWN DRIVE
NEW PORT RICHEY FL 34653

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

V
DRAVES, ARNOLD
7911 SUNRUNNER DRIVE
NEW PORT RICHEY FL 34653

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
FAITH, DAVY
7901 OLD FIELD RD.
NEW PORT RICHEY FL 34653

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

S
RUSSELL, GERALDINE
7741 OLD FIELD RD.
NEW PORT RICHEY FL 34653

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
WERT, DOREEN
7745 GREEN LAWN DR.
NEW PORT RICHEY FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
JACKSON, RUSSELL
7741 OLD FIELD RD.
NEW PORT RICHEY FL

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)