

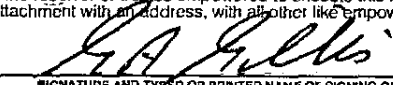


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N29888 1. Entity Name ORANGEWOOD LAKES MOBILE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P. O. BOX 1675 NEW PORT RICHEY, FL 34653		Mailing Address P. O. BOX 1675 NEW PORT RICHEY, FL 34653			
					
		03142005 No Chg-NP CR2E037 (10/03)			
4. FEI Number NOT APPLICABLE		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For					
Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRAVES, ELIZABETH G 7741 WAYBURY ST NEW PORT RICHEY, FL 34653					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when restate) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	P	000000266475 03/17/05-80032-004 61.25			
NAME	MOLCYN, MARCY				
STREET ADDRESS	7751 GREENLAWN DR				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653				
TITLE	V				
NAME	MCDERMOTT, JAMES				
STREET ADDRESS	7750 LYNBRIDGE				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653				
TITLE	T				
NAME	GILLIS, GERALD				
STREET ADDRESS	7901 OLD FIELD RD				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653				
TITLE	S				
NAME	GRAVES, ELIZABETH				
STREET ADDRESS	7741 WAYBURY ST				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653				
TITLE	D				
NAME	LARSON, JUDY				
STREET ADDRESS	6520 SUNS COUNTRY DR.				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653				
TITLE	D				
NAME	RUSSELL, AMERO				
STREET ADDRESS	7830 LYNBROOK DR				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653				
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 #					