

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29888

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** ORANGEWOOD LAKES MOBILE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P. O. BOX 1675  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1675  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDERMOTT, JAMES  
6526 SUN COUNTRY DR.  
NEW PORT RICHEY, FL 34653      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P                      ( ) Delete  
Name: LAPRIORE, ROBERT  
Address: 7751 WAYBURY ST  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: V                      ( ) Delete  
Name: WHALEY, RICHARD  
Address: 7814 WAYBURY  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T                      ( ) Delete  
Name: MCDERMOTT, JAMES  
Address: 6526 SUN COUNTRY DR.  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S                      ( ) Delete  
Name: SOMERS, JANE  
Address: 7855 SUN RUNNER  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D                      ( ) Delete  
Name: GILLIS, GERALD  
Address: 7745 WAYBURY  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D                      ( ) Delete  
Name: HOLMAN, PATRICIA  
Address: 7751 COLD SPRING LN  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P                      (X) Change ( ) Addition  
Name: NOLAN, MARCY  
Address: 7751 GREENLAWN  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: V                      (X) Change ( ) Addition  
Name: GALASSI, HOWARD  
Address: 7914 OLDFIELD  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title:                      ( ) Change ( ) Addition  
Name:                      ( ) Change ( ) Addition  
Address:                      ( ) Change ( ) Addition  
City-St-Zip:                      ( ) Change ( ) Addition

Title: S                      (X) Change ( ) Addition  
Name: CARTER, WILMA  
Address: 6335 RAMBLING RD.  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title:                      ( ) Change ( ) Addition  
Name:                      ( ) Change ( ) Addition  
Address:                      ( ) Change ( ) Addition  
City-St-Zip:                      ( ) Change ( ) Addition

Title:                      ( ) Change ( ) Addition  
Name:                      ( ) Change ( ) Addition  
Address:                      ( ) Change ( ) Addition  
City-St-Zip:                      ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCY NOLAN

P

03/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date