

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42367** (5)

1. Corporation Name

**ORANGE MANOR WEST MANUFACTURED HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**120 LAKE HAZEL DR.  
WINTER HAVEN FL 33884**

**120 LAKE HAZEL DR.  
WINTER HAVEN FL 33884-3017**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified  
**03/05/1991**

3a. Date of Last Report  
**03/13/1996**

4. FEI Number  
**59-2990875**

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUNN, PAT  
120 LAKE HAZEL DR.  
WINTER HAVEN FL 33884**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODWIN, BILL	
STREET ADDRESS	91 PARSON DR.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUNN, PAT	
STREET ADDRESS	120 LAKE HAZEL DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EICHBAUER, RICHARD	
STREET ADDRESS	214 GREEN MEADOW DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HALL, ARMAND	
STREET ADDRESS	121 LAKE HAZEL DR.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAYEUR, OSCAR *AL*	
STREET ADDRESS	36 BERNA CIRCLE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CENTAMORE, SAM	
STREET ADDRESS	205 SWEET CIR	
CITY-ST-ZIP	WINTER HAVEN FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D BRILEYA, Robert
1.3 STREET ADDRESS	145 Sweet Circle
1.4 CITY-ST-ZIP	Winter Haven, FL 33884
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S EICHBAUER, RICHARD
3.3 STREET ADDRESS	214 Green meadow Drive
3.4 CITY-ST-ZIP	Winter Haven, FL 33884
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MULLIGAN, MARY
4.3 STREET ADDRESS	124 LAKE HAZEL DR
4.4 CITY-ST-ZIP	Winter Haven, FL 33884
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D HOLSTEAD, BOYD
5.3 STREET ADDRESS	26 Mallard DR
5.4 CITY-ST-ZIP	Winter Haven, FL 33884
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

*[Signature]*

3/16/97 941-324-1696

CR2E037 (9/96)