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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90086 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42367

1. Corporation Name

ORANGE MANOR WEST MANUFACTURED HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

120 LAKE HAZEL DR.
 WINTER HAVEN FL 33884

Mailing Address

120 LAKE HAZEL DR.
 WINTER HAVEN FL 33884



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

03/05/1991

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

14. 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 ☐ DELETE

TITLE D
 NAME BRILEYA, ROBERT
 STREET ADDRESS 86 PARSON DR
 CITY-ST-ZIP WINTER HAVEN FL

TITLE V
 NAME DUNN, PAT
 STREET ADDRESS 120 LAKE HAZEL DR
 CITY-ST-ZIP WINTER HAVEN FL

TITLE P
 NAME EICHBAUER, RICHARD
 STREET ADDRESS 214 GREEN MEADOW DRIVE
 CITY-ST-ZIP WINTER HAVEN FL

TITLE T
 NAME MULLIGAN, MARY
 STREET ADDRESS 124 LAKE HAZEL DR.
 CITY-ST-ZIP WINTER HAVEN FL

TITLE D
 NAME HOLSTEAD, BOYD
 STREET ADDRESS 26 MALLARD DR.
 CITY-ST-ZIP WINTER HAVEN FL

TITLE D
 NAME BINGAMAN, R C
 STREET ADDRESS 92 PARSON DER
 CITY-ST-ZIP WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary ☒ Change ☐ Addition
 1.2 NAME BYRNE, ROBERT
 1.3 STREET ADDRESS 86 PARSON DR
 1.4 CITY-ST-ZIP WINTER HAVEN, FL 33884

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE D ☒ Change ☐ Addition
 3.2 NAME BABB, JOE
 3.3 STREET ADDRESS 3 HAZEL DR
 3.4 CITY-ST-ZIP WINTER HAVEN, FL 33884

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE P ☒ Change ☐ Addition
 5.2 NAME HALSTEAD, BOYD
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

Date

941-324-1696

Daytime Phone #

CR2E037 (11/98)