

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90027 025 ****61.25

DOCUMENT # N42367

1. Entity Name

ORANGE MANOR WEST MANUFACTURED HOMEOWNERS ASSOCI

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2990875

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

TITLE **Director** ☒ Change ☐ Addition
 NAME **LITE, GRACE**
 STREET ADDRESS **122 LAKE HAZEL DR**
 CITY-ST-ZIP **WINTER HAVEN, FL**

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

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **President** ☒ Change ☐ Addition
 NAME **BOYD HOBBS**
 STREET ADDRESS **26 MALLARD DRIVE**
 CITY-ST-ZIP **WINTER HAVEN, FL**

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

TITLE **Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition
 NAME **BARB, JOSEPH**
 STREET ADDRESS **12 LAKE DR**
 CITY-ST-ZIP **WINTER HAVEN, FL**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/00 863-324 1696

CR2E037 (9/99)