

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90047 040 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N42367 1. Entity 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 18 KINSMEN DR. Suite, Apt. #, etc.		3. Mailing Address 195 SWEET CIRCLE Suite, Apt. #, etc.			
City & State WINTER HAVEN, FL Zip 33884		City & State WINTER HAVEN, FL Zip 33884		Country USA	
4. FEI Number 59-2990875			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DUNN, PAT 120 LAKE HAZEL DR. WINTER HAVEN FL 33884			7. Name and Address of New Registered Agent Name SUSAN BESWICK Street Address (P.O. Box Number is Not Acceptable) 195 SWEET CIRCLE City WINTER HAVEN, FL Zip Code 33884		
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 <i>Susan W. Kennedy</i> TREASURER 2/10/2005 DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: 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	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEULIS, KENNETH 11 NAVEL DR WINTER HAVEN FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THEULIS, KENNETH 11 NAVEL DR. WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNN, PAT 120 LAKE HAZEL DR WINTER HAVEN FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAMES, EVANS, JAMES 178 SWEET CIRCLE WINTER HAVEN, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, MARTKA 121 LAKE HAZEL DR WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BESWICK, SUSAN 195 SWEET CIRCLE WINTER HAVEN, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNKE, MYRON 168 SWEET CIRCLE WINTER HAVEN FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JAMES 118 LAKE HAZEL DR. WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARB, JOSEPH 12 NAVEL DR WINTER HAVEN FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUMMER, DONNA 62 JOPPA DR. WINTER HAVEN, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGFORD JAMES 3 NAVEL DR. WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGFORD, JAMES 3 NAVEL DR. WINTER HAVEN, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Kenneth Theulis* **PRESIDENT** **2/10/05** **863 324 9647**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #