

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90287 016 \*\*\*\*61.25

**DOCUMENT # N42367**

1. Entity Name  
**ORANGE MANOR WEST MANUFACTURED  
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**18 KINSMEN DR  
WINTER HAVEN, FL 33884**

Mailing Address  
**18 KINSMEN DR  
WINTER HAVEN, FL 33884**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282006 Chg-NP CR2E037 (11/05)

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

**BESWICK, SUSAN  
195 SWEET CIRCLE  
WINTER HAVEN, FL 33884**

Name **MS MILLAN, HARRY**  
Street Address (P.O. Box Number is Not Acceptable)  
**72 JOPPA DRIVE**  
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

*Harry McMillan*

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

(NOTE: Registered Agent signature required when reissuing)

**3-30-06**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☒ Delete  
NAME **P**  
STREET ADDRESS **THEULIS, KENNETH**  
CITY-ST-ZIP **11 NAVAL DR  
WINTER HAVEN, FL 33884**

TITLE ☒ Change ☐ Addition  
NAME **P**  
STREET ADDRESS **NEWBERRY, J. GIL**  
CITY-ST-ZIP **99 PARSONS DR.  
WINTER HAVEN, FL 33884**

TITLE ☒ Delete  
NAME **V**  
STREET ADDRESS **EVANS, JAMES**  
CITY-ST-ZIP **178 SWEET CIRCLE  
WINTER HAVEN, FL 33884**

TITLE ☒ Change ☐ Addition  
NAME **V**  
STREET ADDRESS **WARREN, ED**  
CITY-ST-ZIP **114 LAKE HAZEL DR.  
WINTER HAVEN, FL 33884**

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **BESWICK, SUSAN**  
CITY-ST-ZIP **195 SWEET CIRCLE  
WINTER HAVEN, FL 33884**

TITLE ☒ Change ☐ Addition  
NAME **T**  
STREET ADDRESS **MSMILLAN, HARRY**  
CITY-ST-ZIP **72 JOPPA DR.  
WINTER HAVEN, FL 33884**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **BRUNKE, MYRON**  
CITY-ST-ZIP **168 SWEET CIRCLE  
WINTER HAVEN, FL 33884**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **GIPSON, JIM**  
CITY-ST-ZIP **181 SWEET CIRCLE  
WINTER HAVEN, FL 33884**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **ROBERT, JAMES**  
CITY-ST-ZIP **118 LAKE HAZEL DR  
WINTER HAVEN, FL 33884**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **EVANS, JIM**  
CITY-ST-ZIP **178 SWEET CIRCLE  
WINTER HAVEN, FL 33884**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **LANGFORD, JAMES**  
CITY-ST-ZIP **3 NAVAL DR  
WINTER HAVEN, FL 33884**

TITLE ☒ Change ☐ Addition  
NAME **S**  
STREET ADDRESS **WARREN, PAT**  
CITY-ST-ZIP **114 LAKE HAZEL  
WINTER HAVEN, FL 33884**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*J. Gil Newberry*

**J. GIL NEWBERRY**

Date

Daytime Phone #

**RES-3-30-06 863-224-2900**