

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 08:00 AM
Secretary of State

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 181 SWEET CIR WINTER HAVEN FL 33884			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2990875 ☐ Applied For ☐ Not Applicable	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIPSON, JIM 181 SWEET CIR WINTER HAVEN FL 33884				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when constituting)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 NAME STREET ADDRESS CITY- ST- ZIP	PT GIPSON, JIM 181 SWEET CIR WINTER HAVEN FL 33884	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V NEWBERRY, J. GIL 99 PARSONS DR WINTER HAVEN FL 33884	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T GIPSON, GAIL 181 SWEET CIR WINTER HAVEN FL 33884	☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]*

[Signature]

3-9-08