

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N45227**

1. Entity Name  
**ORANGE RIVER CENTRE ASSOCIATION, INC.**



Principal Place of Business  
**2406 IVY AVENUE  
FT MYERS, FL 33907 US**

Mailing Address  
**2406 IVY AVENUE  
FT MYERS, FL 33907**



**DO NOT WRITE IN THIS SPACE**

04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0313933**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KINSEY, JAMES E., JR.  
1342 COLONIAL BLVD  
SUITE F-42  
FORT MYERS, FL 33907**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
ALLEN, KENNETH, JR.,  
210 E. NORTH AVE  
LAKE WALES, FL 33853**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KIRK, WILLIAM  
4260 BOATWAYS DR  
N. FORT MYERS, FL 33905**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STOTT, ROSANNE  
2406 IVY AVE  
FORT MYERS, FL 33907**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000305816  
04/14/05-00101-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Rosanne Stott* **Rosanne Stott**

**4/11/05 2399391367**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #