

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 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



01112008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

STOTT, ROSANNE  
2406 IVY AVE.  
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, 2008**

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

U000000826694  
02/21/08-80060-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Rosanne Stott* ROSANNE STOTT 2/11/08 2399391367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #