


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

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N47095 1. Entity Name OREO HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 200 OREO DRIVE MOLINO, FL 32577	Mailing Address 200 OREO DRIVE MOLINO, FL 32577	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BROWN, KATHLEEN L 200 OREO DRIVE MOLINO, FL 32577		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
Filing 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	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, SCOTT 201 OREO DRIVE MOLINO, FL 32577	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KELLY, PAUL 220 OREO DRIVE MOLINO, FL 32577	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, KATHLEEN 200 OREO DRIVE MOLINO, FL 32577	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Kathleen L Brown</i> Kathleen L. Brown <i>2/26/05</i> (850) 587-2704 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3113639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/11/05-80036-002 61.25

**DO NOT WRITE
IN THIS SPACE**