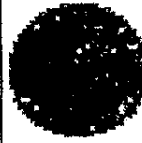


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 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**



03142006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3113639

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, KATHLEEN L
200 OREO DRIVE
MOLINO, FL 32577**

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 reinstalling)

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

U00000561863
05/19/06-80030-019 61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen L Brown Kathleen L. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06
Date

850-587-270
Daytime Phone #