2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2007 8:00 am DOCUMENT # N9400003256 **Secretary of State** 1. Entity Name 02-16-2007 90033 039 ****61.25 ORANGE COVE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address %MICHAEL LEOVE, MGR. P.O. BOX 0774 WINDERMERE FL 34786-0774 715 SUNBELT COVE LANE WINTER GARDEN FL 34787 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3309992 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) %C. JOHN CHRISTENSEN, ESQ. 2500 MAITLAND CENTER PKWY., STE. 209 MAITLAND FL 32715 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when rainstailing) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. HILE HILE Additioл ☐ Delete Change NAME GEBHARDT, MICHAEL NAME STREET ADDRESS STREET ADDRESS 701 SUNBURST COVE LANE CITY-SI-7IP CITY-ST-ZIP WINTER GARDEN FL 34787-4400 1000 DVP Delete TITLE ☐ Change ☐ Addition NAM SANKAR, MILTON NAME STREET ADDRESS STREET ADDRESS 746 CITRUS COVE DRIVE CITY - ST-7IP WINTER GARDEN FL 34787 CITY-ST-7IP ☐ Delete HILE Z Z Change Addition NAME NAME COOK, MIGNTOY STREET ADDRESS STREET ADDRESS 741 CITRUS COVE DR CITY-ST-7IP CITY-ST-7/P WINTER GARDEN FL 34787 ☐ Delele TITLE TIFLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HHE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PRES. 3/7/07 407 654 2563

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.