2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003256

FILED Apr 30, 2009 Secretary of State

Entity Name: ORANGE COVE HOMEOWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 715 SUNBURST COVE LANE 769 CITRUS COVE LANE WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 **Current Mailing Address: New Mailing Address:** C/O LIGHTHOUSE MANAGEMENT P.O. BOX 0774 WINDERMERE, FL 347860774 FEI Number: 59-3309992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER & POLIAKOFF, P.A. %C. JOHN CHRISTENSEN, ESQ. 2500 MAITLAND CENTER PKWY., STE. 209 MAITLAND, FL 32715 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DST () Delete () Change () Addition GEBHARDT, MICHAEL Name: Name: 701 SUNBURST COVE LANE Address: Address: City-St-Zip: WINTER GARDEN, FL 347874400 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: HORROCKS, CHARLES Name: HORROCKS, CHARLES Address: 769 CITRUS COVE DRIVE Address: 769 CITRUS COVE DRIVE City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 Title: DP () Delete Title: DVP (X) Change () Addition COOK, MIGNTOY COOK, MINGTOY Name: Name: 741 CITRUS COVE DR 741 CITRUS COVE DR Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES HORROCKS DP 04/30/2009