

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 16 AM 11:29

DOCUMENT # N94000003614

1. Entity Name
ORANGE HARBOR PARK HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
5749 PALM BEACH BLVD
FT MYERS, FL 33905

Mailing Address
RICHARD MACALLISTER
201 SUN CIRCLE
FT MYERS, FL 33905

REINSTATEMENT 05-06



2. Principal Place of Business

3. Mailing Address

Robert Zeilinger
Suite, Apt. #, etc.
96 Sun Circle

01302006 REIN-NP CR2E099 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS, FL.

4. FEI Number
65-0496211

Applied For
Not Applicable

Zip

Country

Zip

Country

33905

USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORP. WILLIAM R ESQ
333 S TAMiami TRAIL SUITE 199
VENICE, FL 34285

Name

WILLIAM HOFFMAN

Street Address (P.O. Box Number is Not Acceptable)

5749 PALM BEACH BLVD

FT. MYERS, FL 33905

City

FL

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

90008562169
03/24/06--01007-1/29 **122.50
3/8/2006

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARLAN, LARRIE 131 SUN CIRCLE FT MYERS, FL 33905	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARLAN, LEE 297 SHORELAND DR. FT MYERS, FL 33905	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLEESON, ARTHUR 36 CHANNEL LANE FT MYERS, FL 33905	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHENS, JUDY 128 SUN CIRCLE FT MYERS, FL 33905	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DILGARD, JIM 302 SHORELAND FT MYERS, FL 33905	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENHENNETT, JIM 290 VALENCIA DR. FT MEYERS, FL 33905	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Leslie E. Hier 24 CHANNEL LANE FT. MYERS, FL 33905	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIRGINIA GRIMES 159 SUN CIRCLE FT. MYERS, FL 33905	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susie Muller 200 SUN CIRCLE FT. MYERS, FL 33905	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER COPPER 266 SUN CIRCLE FT. MYERS, FL 33905	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert Zeilinger 96 Sun Circle FT. MYERS, FL 33905	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELIZABETH DODGEON 314 SHORELAND DR. FT. MYERS, FL 33905	☒ Change ☐ Addition

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:

[Signature]

Leslie E. Hier

2/6/06

(239) 694-3765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #