


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90060 010 ****61.25

DOCUMENT # N94000004874					
1. Entity Name WEST ORANGE COMMITTEE OF ONE HUNDRED AND ONE, INC.					
Principal Place of Business 12184 WEST COLONIAL DRIVE WINTER GARDEN FL 34787			Mailing Address 12184 WEST COLONIAL DRIVE WINTER GARDEN FL 34787		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3576757	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent IRWIN, RICHARD M 10000 WEST COLONIAL DRIVE OCOE FL 34761				7. Name and Address of New Registered Agent Name Stina D'Uva Street Address (P.O. Box Number is Not Acceptable) 12184 West Colonial Dr. City Winter Garden FL 34787	
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 Stina D'Uva (Stina D'Uva) DATE 1/29/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	VPD BEHRENS, KAY 9401 W COLONIAL DR SUITE 728 OCOE FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition no change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BATEMAN, JULIE 13207 W COLONIAL DR WINTER GARDEN FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, SUSAN 10000 W COLONIAL DRIVE OCOE FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'UVA, STINA 12184 W COLONIAL DRIVE WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Neal Harris 6304 Jack Nicklaus Parkway Windermere, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Julie Bateman			DATE: 1/29/2004 DAYTIME PHONE: 407-877-0909		