


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90203 009 ****61.25

DOCUMENT # N95000001257 1. Entity Name ORANGEWOOD CENTER COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.	
---	---

Principal Place of Business 657 CALEDONIA PLACE SANFORD, FL 32771	Mailing Address 657 CALEDONIA PLACE SANFORD, FL 32771
---	---

DO NOT WRITE IN THIS SPACE



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3321502	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIO, MATTHEW 657 CALEDONIA PLACE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, JOHN 657 CALEDONIA PLACE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERNER, FRANK 657 CALEDONIA PLACE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Matthew M. Gillio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07 407321
Date Daytime Phone #