

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90023 013 ****61.25

DOCUMENT # N97000002044 1. Entity Name ORANGE ACRES HOMEOWNERS CORPORATION			
221 Principal Place of Business 231 JASON DR. SARASOTA, FL 34238 US		Mailing Address 221-231 JASON DR. SARASOTA, FL 34238 US	
2. Principal Place of Business - No P.O. Box # 221 JASON DRIVE		3. Mailing Address 221 JASON DR	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34238		Zip 34238	
Country USA		Country USA	
4. FEI Number 65-0795547		☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPINNEY, HUGH T 221 JASON DR SARASOTA, FL 34238		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <u>Hugh T Spinney</u> <u>Hugh T Spinney</u> <u>04-12-08</u> 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, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D SPINNEY, HUGH T 221 JASON DR SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PHELAN, MARGE 93 LOREN DR. SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TURNER, CAROLINE 208 JASON DRIVE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGERON, RAY 158 TAMMY DR SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRITTO, GREG 98 LOREDO DR. SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAAS, PHYLLIS 168 TAMMY DR SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUMP, JOE 187 JEFFREY DR SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ☒ 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: <u>Hugh T Spinney</u> <u>Hugh T Spinney</u> <u>04/12/08</u> <u>941-926-2782</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			