

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90139 039 \*\*\*\*70.00

DOCUMENT # N98000000303

1. Entity Name

ORANGEWOOD MOBILE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14 ORANGE STREET  
DELAND FL 32724

14 ORANGE STREET  
DELAND FL 32724

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

59-2094771

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRIAM, JUDY  
14 ORANGE STREET  
DELAND FL 32724

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WELLS, RICHARD	
STREET ADDRESS	8 ORANGE ST	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRAHAM, RICHARD	
STREET ADDRESS	8 VALENCIA CT	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MERRIAM, JUDY	
STREET ADDRESS	14 ORANGE ST	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLISLE, ROBERT	
STREET ADDRESS	7 ORANGE STREET	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARTZOG, TERRI	
STREET ADDRESS	5 NAVAL COURT	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR LEWIS	
STREET ADDRESS	6 ORANGE ST.	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRENE NEEDLES	
STREET ADDRESS	3 NAVAL CT	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY MERRIAM	
STREET ADDRESS	14 ORANGE ST	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, CALVIN	
STREET ADDRESS	8 Temple Ct	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, RICHARD	
STREET ADDRESS	8 VALENCIA CT	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Judy Merriam  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02  
Date

(386)917-5402  
Daytime Phone #

CR2E037 (9/01)

Attachment  
# N98 000000303  
729411

SEE	ATTACHED SHEET
FOR	CORRECT INFORMATION
	Judy Merriam
	Judy Merriam
	Secretary

Attachment  
Doc# N900000000303  
729411  
**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: \_\_\_\_\_

Ultimate Printing Service, Inc.

SECOND: The date dissolution was authorized: 11/1/02

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signed this 26 day of January, 2002.

Signature Michael Carinci  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Michael Carinci  
(Typed or printed name)

President/owner  
(Title)

Attachment  
Check # N980000000003  
2002 Uniform Business Report  
ORANGEWOOD MOBILE HOMEOWNERS ASSOC., INC.

729411

Officers and Directors	Additions/Changes of Officers/Directors
<u>Wells, Richard PD</u>	<u>Richard Wells, D</u> <u>Change</u>
<u>Graham, Richard VPD</u>	<u>Richard Graham, D</u> <u>Change</u>
<u>Merriam, Judy STD</u>	<u>Merriam, Judy, SD</u> <u>Change</u>
<u>Carlisle, Robert D</u>	<u>Carlisle, Robert VPD</u> <u>Change</u>
<u>Hartzog, Terri D</u> <u>Delete</u>	
	<u>Lewis, Arthur, PD</u> <u>Addition</u>
	<u>Needles, Irene TD</u> <u>Addition</u>
	<u>Clark, Calvin, D</u> <u>Addition</u>