


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90099 035 ****70.00

DOCUMENT # N98000000303 1. Entity Name ORANGEWOOD MOBILE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1 ORANGE ST. DELAND, FL 32724			Mailing Address 14 ORANGE STREET DELAND, FL 32724		
2. Principal Place of Business		3. Mailing Address 14 ORANGE ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Deland, FL			
Zip	Country	Zip 32724	Country USA		
6. Name and Address of Current Registered Agent MERRIAM, JUDY 14 ORANGE STREET DELAND, FL 32724			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, RICHARD 8 ORANGE ST DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOB SHANNON 7 SATSUMA CT DELAND, FL 32729
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNROE, HELEN 5 ORANGE ST. DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEA Peterson 2 ORANGE ST DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MERRIAM, JUDY 14 ORANGE ST DELAND, FL 32724	<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 TAYLOR, GARY 18 ORANGE ST. DELAND, FL 32724	<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	VD COWART, TONY 3 ORANGE ST. DELAND, FL 32724	<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	D CASSON, BOB 2 VALENCIA CT DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTLE BOB 4 VALENCIA CT DELAND, FL 32724 NAME correction
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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <u>Judy Merriam</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> 4/27/06 <small>Date</small> </div> <div> (386) 822-9807 <small>Daytime Phone #</small> </div> </div>					