

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

**FILED
Jul 31, 2007 8:00 am
Secretary of State**

07-31-2007 90007 038 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07092007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2094771	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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	
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

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 September 14, 2007		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
D WELLS, RICHARD 8 ORANGE ST DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP BULROCK, EVELYN 12 ORANGE ST DELAND, FL 32724	
D PETERSON, BEA 2 ORANGE ST DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP REDELL, D PHIL WRIGHT 8 TANGERINE CT DELAND, FL 32724	
STD MERRIAM, JUDY 14 ORANGE ST DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD TAYLOR, GARY 18 ORANGE ST. DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VD COWART, TONY 3 ORANGE ST. DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D JASTLE, BOB 2 VALENCIA CT DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

7/26/07 (386) 995-4465
Date Daytime Phone #

ATTACHMENT

40127622
#U9800000303

PLEASE SEND THE
CERTIFICATE. I DONT
RECEIVE THE ONE LAST
YEAR. THANK YOU
Judy Merriman