

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90001 013 ****70.00

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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**

40109563



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06052008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2094771

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$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 12, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, RICHARD	
STREET ADDRESS	8 ORANGE ST	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNROW, EVELYN	
STREET ADDRESS	12 ORANGE ST	
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	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, GARY	
STREET ADDRESS	18 ORANGE ST.	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COWART, TONY	
STREET ADDRESS	3 ORANGE ST.	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, PHIL	
STREET ADDRESS	8 TANGERINE CT	
CITY-ST-ZIP	DELAND, FL 32724	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna St. George	
STREET ADDRESS	4 Temple CT	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, BERNARD	
STREET ADDRESS	2 NAUEL CT	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 K. Merriam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/08 (386) 795-4465
Date Daytime Phone