2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2009
Secretary of State

DOCUMENT# N98000000303

Entity Name: ORANGEWOOD MOBILE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1 ORANGE ST.
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

14 ORANGE STREET
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-2094771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MERRIAM, JUDY
14 ORANGE STREET
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WELLS, RICHARD	
Address:	8 ORANGE ST	
City-St-Zip:	DELAND, FL 32724	
Title:	STD	( ) Delete
Name:	MERRIAM, JUDY	
Address:	14 ORANGE ST	
City-St-Zip:	DELAND, FL 32724	
Title:	PD	( ) Delete
Name:	TAYLOR, GARY	
Address:	18 ORANGE ST.	
City-St-Zip:	DELAND, FL 32724	
Title:	VD	( ) Delete
Name:	COWART, TONY	
Address:	3 ORANGE ST.	
City-St-Zip:	DELAND, FL 32724	
Title:	D	( ) Delete
Name:	WRIGHT, PHIL	
Address:	8 TANGERINE CT	
City-St-Zip:	DELAND, FL 32724	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	HESS, DELORES	
Address:	3 ORANGE STREET	
City-St-Zip:	DELAND, FL 32724	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY MERRIAM SD 08/30/2009
Electronic Signature of Signing Officer or Director — Date