

Gr CALLAWAY

FILED

Mar 29, 2005 08:00 AM

Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000012740

1. Entity Name
ORANGE AVENUE TRAILER PARK WATER
CORPORATION



Principal Place of Business

1500 N. ORANGE AVE.
SARASOTA, FL 34236

Mailing Address

1500 N. ORANGE AVE.
SARASOTA, FL 34236



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0172869

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGHIE, RAY
1500 NORTH ORANGE AVENUE #112
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

11000000279809
03/29/05-80010-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DO
HUGHIE, RAY
1500 NORTH ORANGE AVE #112
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DO
RAY, MARY
1500 NORTH ORANGE AVE #112
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 607, 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: MARY RAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0-20-05
Date

Daytime Phone #