

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S78517 (7)

1. Corporation Name

ORANGE AVENUE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1500 N ORANGE AVE.
#29
SARASOTA FL 34236

1500 N ORANGE AVE.
#29
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/04/1991

3a. Date of Last Report
02/25/1994

4. FEI Number
65-0282157

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 190 (1)?
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISMAN, HAROLD
1500 N. ORANGE AVE. #29
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature) Typed or printed name of registered agent (not for 11a registration)

(Signature) (Typed or printed name of registered agent) (not for 11a registration)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
P
SAUNDERS, JOHN
4439 MACEACHEN BLVD.
SARASOTA FL 34233

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

2. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VP
PHEILS, CARL SR
1500 N. ORANGE AVE. #110
SARASOTA FL 34236

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

3. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
T
BABBIDGE, PAUL
1500 N. ORANGE AVE. #109
SARASOTA FL 34236

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

4. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
S
MCLAUGHLIN, MABEL
1500 N. ORANGE AVE. #52
SARASOTA FL 34236

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

7. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY ST ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.027(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: HAROLD CHRISMAN

(Signature)

(Date)

(Typed Name)