

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010458

**Entity Name:** ORANGE BLOSSOM CREEK ASSOCIATION, INC.

**FILED**  
**Mar 25, 2021**  
**Secretary of State**  
**0676125385CC**

**Current Principal Place of Business:**

C/O CONDOMINIUM ASSOCIATES  
2019 OSPREY LANE  
LUTZ, FL 33549

**Current Mailing Address:**

C/O CONDOMINIUM ASSOCIATES  
2019 OSPREY LANE  
LUTZ, FL 33549 US

**FEI Number: 13-4275836**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MELTON, WEB H III  
BUSH ROSS, P.A.  
1801 N HIGHLAND AVE  
TAMPA, FL 33602 US

*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:** WEB MELTON H. III

03/25/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TAJVER, KHAN  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE  
City-State-Zip: LUTZ FL 33549

Title            VP  
Name            DELACRUZ, CHRISTINA  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE  
City-State-Zip: LUTZ FL 33549

Title            TREASURER  
Name            HUNEYCUTT, NEAL  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE  
City-State-Zip: LUTZ FL 33549

Title            DIRECTOR  
Name            WEAVER, LEE  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE  
City-State-Zip: LUTZ FL 33549

Title            DIRECTOR  
Name            WILSON, KARLA  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE  
City-State-Zip: LUTZ FL 33549

*I hereby 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 all other like empowered.*

**SIGNATURE:** TAJVER KHAN

**PRESIDENT**

03/25/2021

Electronic Signature of Signing Officer/Director Detail

Date