

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010458

**FILED**  
**Feb 14, 2018**  
**Secretary of State**  
**CC8533594120**

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

**Current Principal Place of Business:**

CONDOMINIUM ASSOCIATES  
2019 OSPREY LANE  
LUTZ, FL 33549

**Current Mailing Address:**

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:**

JAMES A DE FURIO PA  
201 E KENNEDY BLVD STE 775  
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:** JAMES A DE FURIO

02/14/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name EDWARDS, BRYAN  
Address CONDOMINIUM ASSOCIATES  
2019 OSPREY LANE  
City-State-Zip: LUTZ FL 33549

Title VP  
Name REHBEIN, LAURA  
Address CONDOMINIUM ASSOCIATES  
2019 OSPREY LANE  
City-State-Zip: LUTZ FL 33549

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

Title SECRETARY  
Name FRASSE, CARL  
Address CONDOMINIUM ASSOCIATES  
2019 OSPREY LANE  
City-State-Zip: LUTZ FL 33549

Title DIRECTOR  
Name CONNELLA, RHONDA  
Address 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:** BRYAN EDWARDS

**PRESIDENT**

02/14/2018

Electronic Signature of Signing Officer/Director Detail

Date