

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29888

Entity Name: ORANGEWOOD LAKES MOBILE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6526 SUN COUNTRY DR.
NEW PORT RICHEY, FL 34653**Current Mailing Address:**BOX 1675
NEW PORT RICHEY, FL 34653**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCDERMOTT, JAMES
6526 SUN COUNTRY DR.
NEW PORT RICHEY, FL 34653 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GATES, ROGER
Address BOX 1675
City-State-Zip: NEW PORT RICHEY FL 34653

Title SECRETARY
Name DECOLA, DEBORAH
Address BOX 1675
City-State-Zip: NEW PORT RICHEY FL 34653

Title T
Name MCDERMOTT, JAMES
Address 6526 SUN COUNTRY DR.
City-State-Zip: NEW PORT RICHEY FL 34653

Title D
Name LANOIE, DONALD
Address BOX 1675
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR
Name GEE, JIM
Address BOX 1675
City-State-Zip: NEW PORT RICHEY FL 34653

Title VP
Name AMEEL, JAKE
Address BOX 1675
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR
Name PRITCHARD, JIM
Address BOX 1675
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR
Name BURRIDGE, CHRIS HELEN
Address 7810 WAYBURY ST.
City-State-Zip: NEW PORT RICHEY FL 34653

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: MCDERMOTT, JAMES**TREASURER****04/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date