

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29888

Entity Name: ORANGEWOOD LAKES MOBILE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7915 ORANGEWOOD LAKES.
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:**MAICH, BARBARA
7915 ORANGEWOOD LAKES
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:** BARBARA MAICH

04/09/2017

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	HOA TREASURER
Name	MAICH, BARBARA
Address	7915 ORANGEWOOD LAKES
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	VICE PRESIDENT
Name	BISSELL, WALTER
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: BARBARA MAICH

TRESURER

04/09/2017

Electronic Signature of Signing Officer/Director Detail

Date