

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90131 006 ****61.25

DOCUMENT # 725587

1. Entity Name

ORANGE TREE VILLAGE CONDOMINIUM, INC

Principal Place of Business

Mailing Address

**M & M MANAGEMENT PLUS
1642 WIND DRIFT RD
ORLANDO FL 32809
US**

**M & M MANAGEMENT PLUS
P O BOX 593128
ORLANDO FL 32859-128
US**

80031995



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

709 E. Michigan St.

3. Mailing Address

P.O. Box 560698

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL 32856-0698

4. FEI Number
59-1539804

Applied For

Not Applicable

32806

Country
USA

32856-0698

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, TRACY L
709 E MICHIGAN ST
ORLANDO FL 32806**

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
POWELL, KELLY
2786-D CURRY FORD RD
ORLANDO FL 32806** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROBERTS, EIRWEN
2794-A CURRY FORD RD
ORLANDO FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
GUERRIERO, RICHARD
2796-C CURRY FORD RD
ORLANDO FL 32806** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/02

407-540-0493

CR2E037 (9/01)