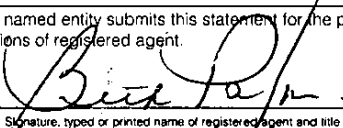
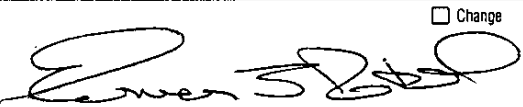
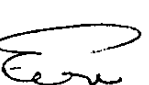
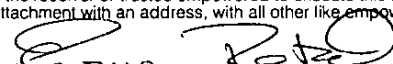


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90006 042 ****61.25

DOCUMENT # 725587 1. Entity Name ORANGE TREE VILLAGE CONDOMINIUM, INC					
Principal Place of Business 709 E MICHIGAN ST ORLANDO, FL 32806 US				Mailing Address P.O. BOX 560698 ORLANDO, FL 32856-0648 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
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 Beth Palmer Street Address (P.O. Box Number is Not Acceptable) 221 Walton Heath Drive City Orlando FL Zip Code 32828	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 5-10-06	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	POWELL, KELLY		NAME		
STREET ADDRESS	2786-D CURRY FORD RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ROBERTS, EIRWEN		NAME		
STREET ADDRESS	2794-A CURRY FORD RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	VPD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCHYBERG, MARYLOU		NAME	Sharon B. Brady	
STREET ADDRESS	2700 ORANGE PEEL COURT		STREET ADDRESS	2792-D Curry Ford Rd	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	Orlando, FL 32806	
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	Sharon Brady	
STREET ADDRESS			STREET ADDRESS	2792-D Curry Ford Rd	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32806	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date 6-1-06 Daytime Phone # 407-282-6795		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		