


FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727672** (8)

1. Corporation Name
ORANGE TREE VILLAGE CONDOMINIUM, INC. NO. 2



Principal Place of Business 52 EAST SOUTH ST. C/O DON ASHER & ASSOC INC ORLANDO FL 32801	Mailing Address 52 EAST SOUTH ST. C/O DON ASHER & ASSOC INC ORLANDO FL 32801
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3. Date Incorporated or Qualified 10/08/1973		
4. FEI Number 59-1539805	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 M&M Management Plus Suite, Apt. #, etc. 22 1642 Wind Drift Road City & State 23 Orlando, FL Zip 24 32809	2a. Mailing Address 26 M&M Management Plus Suite, Apt. #, etc. 27 P.O. Box 593128 City & State 28 Orlando, FL Zip 29 32859-3128	Country 25 USA	Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STRIZACKZ, JOSEPH 87 W MICHIGAN ST ORLANDO FL 32806	
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10. Name and Address of New Registered Agent	
81 Name Tracy L. Mitchell	
82 Street Address (P.O. Box Number is Not Acceptable) 1642 Wind Drift Road	
83	
84 City Orlando	85 Zip Code FL 32809

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.003, Florida Statutes.

SIGNATURE *Tracy L. Mitchell* DATE **3/23/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, LINDA	1.2 NAME	
STREET ADDRESS	2774-A CURRY FORD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, SHARON	2.2 NAME	
STREET ADDRESS	2778-A CURRY FORD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, BARARA	3.2 NAME	STD Dorthy A. Ritter
STREET ADDRESS	2770B CURRY FORD RD	3.3 STREET ADDRESS	2772-F Curry Ford Rd
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANALDI, MARGARET	4.2 NAME	
STREET ADDRESS	2780-A CURRY FORD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Sullivan* **Res 0702 3/23/98 407-826-4221**

CR2E037 (10/97)