FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727672

1. Corporation Name

ORANGE TREE VILLAGE CONDOMINIUM, INC. NO. 2

Principal Place of Business
M & M MANAGEMENT PLUS
1642 WIND DRIFT RD
ORLANDO FL 32809
US

Mailing Address

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



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Mar 29, 1999 8:00 am § Secretary of State

2. Principal Place of Business		2a. M	Mailing Address			3. Date Incorporated or Qualifed 10/08/1973				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number Applied For 59-1539805 Not Applicable				
City & State			City & State			5. Certificate of Status Desired \$8.75 Additional Fee Required				
Zip 24	Country 25		Zip	Count	iry	fry 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				8	31	Name				
MITCHELL, TRACY L 1642 WIND DRIFT RD				[32	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32				1	33	33				
·				1		FL 85 Zip Code				
11. Pursuant to the o	rovisions of Sections 617.0	502 and 617	7.1508, Florida Statu	utes, the abo	ove	ove-named corporation submits this statement for the purpose of changing its registered				

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 617.0503, Florida Statutes.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	. (NOTE: Re	gistered Agent signature r	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
TITLE	PD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	SULLIVAN, LINDA		1.2 NAME		*	į
STREET ADORESS	2774-A CURRY FORD RD		1.3 STREET ADDRESS		•	1
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE	•	Change	☐ Addition
NAME	CONLEY, SHARON		2.2 NAME		•	ļ
STREET ADDRESS	2778-A CURRY FORD RD		2.3 STREET ADDRESS	• ,		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP			
TITLE	STD	DELETE	3.1 TITLE	STD	☐ Change	Addition
NAME	RITTER, DORTHY A		3.2 NAME	O'Brien, Erin	\ .	
STREET ADDRESS	2772-F CURRY FORD RD		3.3 STREET ADDRESS	0: Brien, Erin 2780-C'auny Ford Re orlando, PL 32804		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP	orlando, 12 32806		
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			1
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			ł
CITY-ST-ZIP			5.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	6.1 TITLE	·	☐ Change	Addition
NAME	,		6.2 NAME			.
STREET ADDRESS	·		6.3 STREET ADDRESS			
CITY-ST-7IP			6.4 CITY-ST-ZIP			

4. 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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

102 3-10

Daytime Phone #

...CR2E037 (11/98)