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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 725587

(0)

ORANGE TREE VILLAGE CONDOMINIUM, INC.

ORANGE TREE VILLAGE CONDOMINIUM, INC								
Principal Place of Business		Mailing Address			T LOOKA POOLE HEADA DIADA DALAK ISEN		JII 82811 87811 1 88 1	
% DON ASHER & ASSOCIATES. INC.% DON ASHER & ASS52 EAST SOUTH STREET52 EAST SOUTH STRORLANDO FL 32801ORLANDO FL 32801					Date Incorporated or Qualified	20 Date 11		
				İ	02/16/1973	3a. Date of Las 08/25/		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For	
Suite, Apt.	#. etc	Suite, Apt. #, etc.			59-1539804		Not Applicable	
22		27			5. Certificate of Status Desired See Required Fee Required			
City & State		City & State			6. Election Campaign Financing		00 May Be	
23		28			Trust Fund Contribution		ed to Fees	
Zip 24	Country 25	Zip 29	Country	ĺ	8. This corporation has liability for int		s. 199.032,	
	Name and Address of Currer		30		Florida Statutes 10. Name and Address of New Re	Yes kilylo		
			81 Name		TO HAME AND MODERS OF HER INC.	Sistered Adelit		
ASHER,	DON (& ASSOCIATES, INC.)		82 Street	Addross	s (P.O. Box Number is Not Acceptable	· · · · · · · · · · · · · · · · · · ·		
52 EAS	62 Silveet	. Mudres:	r.o. box nomber is not acceptable)				
ORLANI	DO FL 32801		83					
			84 City			85 Z	ip Code	
11 Dure ant t	to the provisions of Sections 617 0500						•	
	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid the and accept the obligations of Section			corporations board o	on submits this statement for the purport directors. Thereby accept the appoin	ose of changing its	registered office	
ICATIII:CII VYII	th, and accept the obligations of, Secti	ion 617.0503, Florida Statute:	S.			in in the de registered	a agone ram	
SIGNATURE _	Signature, typed or printed name of registered agent	and title Langlicable (Ni	OTE: Registered Agent signature	recuires wh	nen remetation)	DATE		
12.	OFFICERS AND		13.	- Copulation 417	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	ORS IN 12	
TITLE	STD	DELETE	1.1 TITLE			☐ Change	Addition	
NAME	BRADY, SHARON		1.2 NAME	ļ			-	
STREET ADDRESS	2796-B CURRY FORD RD		1 3 STREET ADDRESS					
TITLE	ORLANDO FL	Dot: etc.	14 CITY - ST - ZIP	ļ				
NAME	PD Roberts, Eirwen	DELETE	2 1 TITLE			☐ Change	☐ Addition	
STREET ADDRESS	2794-A CURRY FORD RD		2.2 NAME					
CITY-ST-ZIF	ORLANDO FL		2 3 STREET ADDRESS 2 4 CITY - ST - ZIP					
TITLE	VPD	Æ ₩ELETE	3 1 TITLE	VD	CHERYL-CARSON CO	Channe	Addition	
NAME	KINNEY, MARGARET		3 2 NAME	VD	2796C CURRY FOR		BE I Madition	
STREET ADDRESS	2786-C CURRY FORD RD		3.3 STREET ADDRESS		ORLANDO, FL 328	ED RD.		
CITY-ST-ZIP	ORLANDO FL		3.4. C(TY+ST-Z)P		——————————————————————————————————————	,00		
TITLE		DELETE	4 1 TITLE			Change	Addition	
NAME STREET ADDRESS			4. 2 NAME				j	
STREET ADDRESS			4 3 STREET ADDRESS					
CITY-ST-ZIF TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE					
NAME		Прессте	5.2 NAME			Change	☐ Addition	
STREET ADDRESS			53 STREET ADDRESS					
CITY-ST-ZIP			54 CITY - ST - ZIP					
TITLE		DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6 2 NAME	1		. —	_	
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP	and it that the inference	ALL ALIZA BY	6 4 CITY - ST - ZIP					
oath; that I	certify that the information supplied withe information indicated on this annuam an officer or director of the corpor Block 12 or Block 13 if changed, or or	ation or the receiver or truste	uarreport is true and ac					