## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

725587

(0)

## ORANGE TREE VILLAGE CONDOMINIUM, INC

| Principal Place  | of Business   | Mailing Addre   | 988            |                              | S (DOIN) SENIO MENO DINO NOME O   | - I IDDINI SEDIO NICON DINDI DINDI DINI URBI DIDIN DIDIN DIDIN DIDIN DIDIN DIDIN DIDIN |           |  |
|--|---|---|----------------|------------------------------|---|--|-----------|--|
| % DON ASHER & ASSOCIATES. INC.<br>52 EAST SOUTH STREET<br>ORLANDO FL 32801 |   | % DON ASHER & ASSOCIATES. INC.<br>52 EAST SOUTH STREET<br>ORIANDO FL 32801-3308 |                |                              |   |  |           |  |
| Onchigo Te vi  | 3001  | Ollowidg 12 4   | 2001 9000      |                              | 3. Date Incorporated or Qualified 02/16/1973  | 3a. Date of Last Report<br>05/01/1996  | i         |  |
| 2. Principal Pl  | ace of Business   | 2a. Mailing Ad  | ddress         |                              | 4. FEI Number<br>59-1539804   | Applied  | 1 For     |  |
| 21   |   | 26  |                |                              | 59-1539804  |  | plicable  |  |
| Suite, Apt. (  | #, etc.   | Suite, Apt  | . #, etc.      |                              | 5. Certificate of Status Desired  | See Require  |           |  |
| City & State   | )   | City & Sta  | te             |                              | Election Campaign Financing     Trust Fund Contribution                                     | \$5.00 May Added to Fee  |           |  |
| <b>23</b> Zip  | Country   | Zip   |                | Country                      | 8. This corporation has liability for   |  |           |  |
| 24   | 25  | 29  | 3              | ¬ '                          | · · · · · · · · · · · · · · · · · · ·   | Yes No   | .002,     |  |
| .=:\   | 9. Name and Address of Curre  |   |                | <del></del>                  | 10. Name and Address of New Re  | gistered Agent   |           |  |
|  |   |   |                | 81 Name                      | TOCOPY SANDON   |  |           |  |
| ASHER, I   | DON (& ASSOCIATES, INC.)  |   |                | 82 Street                    | Address (P.Q. Bex Number is Not Acceptal  | ole) - A   |           |  |
|  | SOUTH STREET  |   |                | 4                            | T W. Michigan   | ~ 2000 t   |           |  |
| ORLAND   | O FL 32801  |   |                | 83                           | 0   |  |           |  |
|  |   |   |                | 84 City/                     |   | es Zin Code  |           |  |
|  |   |   |                |                              | Mundo   | FL   528   | مكك       |  |
| 11. Pursuant t   | to the provisions of Sections 617.05  | 02 and 617.1508, FI   | orida Statutes | the above-named              | corporation submits this statement for the p  | ourpose of changing its reg  | Istered   |  |
| agent. Lar   | n familiar with, and accept the oblig                                       | gations of Section 6  | 77.0503, Flori | da Statutes.                 | corporation submits this statement for the poration's board of directors. I hereby acce     | pi trie apponitriavit as regis   | stered    |  |
| SIGNATURE _  | ( Sprint C.   | Stratet   | •              |                              |   | 4128197  |           |  |
|  | Signature //ped or pripled name of registered ag                            |   | (NOTE: I       | Registered Agent signature   |   | JOATE /  |           |  |
| 12.  |   | ND DIRECTORS  | DELETE         | 13.                          | ADDITIONS/CHANGES TO OFFIC  |  |           |  |
| TITLE  | STD<br>BDADY CHADON   |   | DELETE         | 1.1 TIFLE                    |   | ☐ Change ☐   | Addition  |  |
| NAME   | Brady, Sharon<br>2796-B Curry Ford RD                                       |   |                | 1.2 NAME                     |   |  |           |  |
| STREET ADDRESS   | ORLANDO FL  |   |                | 1.3 STREET ADDRESS           |   |  |           |  |
| CITY-ST-ZIP<br>TITLE   | PD  |   | DELETE         | 1.4 CITY+ST-ZIP<br>2.1 TITLE |   | ☐ Change ☐   | Addition  |  |
| ľ  | ROBERTS, EIRWEN   | <b>!</b>  | DECETE         | 2.2 NAME                     |   |  | ADDITION  |  |
| NAME<br>CYCCCY ADDRESS   | 2794-A CURRY FORD RD  |   |                | 2.3 STREET ADDRESS           |   |  |           |  |
| STREET ADDRESS   | ORLANDO FL  |   |                |                              |   |  |           |  |
| CITY-S1-ZIP<br>TITLE   | VD  |   | DELETE         | 2.4 CITY-ST-ZIP<br>3.1 TITLE |   | Change   | Addition  |  |
| NAME   | COLPITTS, CHERYL  |   |                | 3.2 NAME                     |   |  |           |  |
| STREET ADDRESS   | 2796-C CURRY FORD ROAD  | 1   |                | 3.3 STREET ADDRESS           |   |  |           |  |
| CITY-ST-ZIP  | ORLANDO FL  |   |                | 3.4. CITY-ST-ZIP             |   |  |           |  |
| TITLE  |   |   | DELETE         | 4.1 TITLE                    |   | Change   | Addition  |  |
| NAME   |   |   |                | 4. 2 NAME                    |   | - · · · · ·  |           |  |
| STREET ADDRESS   |   |   |                | 4.3 STREET ADDRESS           |   |  |           |  |
| CITY-ST-ZIP  |   |   |                | 4.4 CITY-ST-ZIP              |   |  |           |  |
| TITLE  |   |   | DELETE         | 5.1 TITLE                    |   | Change   | Addition  |  |
| NAME   |   |   |                | 52 NAME                      |   |  |           |  |
| STREET ADDRESS   |   |   |                | 5.3 STREET ADDRESS           |   |  |           |  |
| 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           |   |  |           |  |
| CHTY-ST-ZIP  |   |   |                | 6.4 CITY - ST - ZIP          |   |  |           |  |
| 14. I do hereb   | by certify that the information supplied indicated on this appual report of | ed with this filing do  | es not qualify | for the exemption st         | tated in Section 119.07(3)(i), Florida Statute<br>that my signature shall have the same leg | s. I further certify that the  | nath that |  |
| I am an of   | ficer or director of the corporation of                                     | or the receiver or tru  | stee empower   | ed to execute this r         | eport as required by Chapter 617, Florida   | Statutes; and that my name   | ;         |  |

SIGNATURE:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4/28/4-

407-841-6248

**FILED** 

May 16 1997 8:00am

Secretary of State