


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725587 (0)**  
1. Corporation Name  
**ORANGE TREE VILLAGE CONDOMINIUM, INC**



Principal Place of Business <b>% DON ASHER &amp; ASSOCIATES. INC. 52 EAST SOUTH STREET ORLANDO FL 32801</b>	Mailing Address <b>% DON ASHER &amp; ASSOCIATES. INC. 52 EAST SOUTH STREET ORLANDO FL 32801</b>
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3. Date Incorporated or Qualified <b>02/16/1973</b>		
4. FEI Number <b>59-1539804</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business <b>21 M&amp;M Management Plus Suite, Apt. #, etc. 22 1642 Wind Drift Road City &amp; State 23 Orlando, FL Zip 24 32809</b>	2a. Mailing Address <b>26 M&amp;M Management Plus Suite, Apt. #, etc. 27 P.O. Box 593128 City &amp; State 28 Orlando, FL Zip 29 32859-3128</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**STRIZACK, JOSEPH  
87 W MICHIGAN ST  
ORLANDO FL 32808**

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 FL 85 Zip Code 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 617.0503, 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 reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>STD</b>	<input checked="" type="checkbox"/>
NAME	<b>BRADY, SHARON</b>	
STREET ADDRESS	<b>2796-B CURRY FORD RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>ROBERTS, EIRWEN</b>	
STREET ADDRESS	<b>2794-A CURRY FORD RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>COLPITTS, CHERYL</b>	
STREET ADDRESS	<b>2796-C CURRY FORD ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>VPP</b>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Patricia Keppler</b>		
1.3 STREET ADDRESS	<b>2796-B Curry Ford Rd</b>		
1.4 CITY-ST-ZIP	<b>Orlando, FL 32806</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>S/T</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *Eirwen Roberts* DATE: **3/23/98** **407-826-4721**

CR2E037 (10/97)