

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90019 044 ****61.25

DOCUMENT # 725587

1. Entity Name

ORANGE TREE VILLAGE CONDOMINIUM, INC

Principal Place of Business

Mailing Address

M & M MANAGEMENT PLUS
1642 WIND DRIFT RD
ORLANDO FL 32809
US

M & M MANAGEMENT PLUS
P O BOX 593128
ORLANDO FL 32859-3128
US

D00117037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1539804

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, TRACY L
1642 WIND DRIFT RD
ORLANDO FL 32809

Name

Street Address (P.O. Box Number is Not Acceptable)

709 E. Michigan Street

City

Orlando

FL

Zip Code

32806

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Tracy L Mitchell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/00

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	KEPPLER, PATRICIA	
STREET ADDRESS	2796-D CURRY FORD RD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, EIRWEN	
STREET ADDRESS	2794-A CURRY FORD RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST MAN KAMYER	<input type="checkbox"/> Delete
NAME	MANTAMYER, JOANN	
STREET ADDRESS	27980 CURRY FORD RD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tracy L Mitchell
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000 407-540-044

Date

Daytime Phone #