


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 725587**  
 1. Entity Name  
 ORANGE TREE VILLAGE CONDOMINIUM, INC



Principal Place of Business      Mailing Address  
 709 E MICHIGAN ST      P.O. BOX 560698  
 ORLANDO, FL 32806 US      ORLANDO, FL 32856-0648 US



**DO NOT WRITE IN THIS SPACE**

01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 59-1539804      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MITCHELL, TRACY L  
 709 E MICHIGAN ST  
 ORLANDO, FL 32806

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

U00000294762  
 04/08/05-80083-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POWELL, KELLY 2786-D CURRY FORD RD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, EIRWEN 2794-A CURRY FORD RD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHYBERG, MARYLOU 2700 ORANGE PEEL COURT ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:       Date: 3/31/05      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR