

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727305 (5)

1. Corporation Name

ORANGE TREE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6068 S. APOPKA VINELAND RD
SUITE 5
ORLANDO FL 328196068 S. APOPKA VINELAND RD
SUITE 5
ORLANDO FL 32819-44493. Date Incorporated or Qualified
08/07/19733a. Date of Last Report
04/19/19964. FEI Number
59-1725483Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAGE, FRANK L., C.P.A.
6068 SOUTH APOPKA-VINELAND RD.
SUITE 5
ORLANDO FL 32819

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	UNDERWOOD, SANDY	
STREET ADDRESS	6709 BITTERSWEET LN	
CITY - ST - ZIP	ORLANDO, FL 0 FL	
TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	SUTHERLAND, DAVE	
STREET ADDRESS	6842 BITTERSWEET LANE	
CITY - ST - ZIP	ORLANDO, FL 0	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POLINCHOSK, VINCENT	
STREET ADDRESS	6818 BITTERSWEET LN	
CITY - ST - ZIP	ORLANDO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BERCKLEY, LES	
STREET ADDRESS	6703 BITTERSWEET LANE	
CITY - ST - ZIP	ORLANDO, FL 0	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LINDE, LOREE	
STREET ADDRESS	6613 BITTERSWEET LANE	
CITY - ST - ZIP	ORLANDO, FL 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mary Borgan	
1.3 STREET ADDRESS	7719 Clementine Way	
1.4 CITY - ST - ZIP	Orlando FL 32819	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sonya Roach	
2.3 STREET ADDRESS	6632 Parson Brown Court	
2.4 CITY - ST - ZIP	Orlando, FL 32819	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jeanette Boals	
3.3 STREET ADDRESS	6506 Parson Brown Drive	
3.4 CITY - ST - ZIP	Orlando FL 32819	
4.1 TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Debbie Scott	
4.3 STREET ADDRESS	6518 Parson Brown Drive	
4.4 CITY - ST - ZIP	Orlando FL 32819	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William Trube	
5.3 STREET ADDRESS	6728 Parson Brown Drive	
5.4 CITY - ST - ZIP	Orlando FL 32819	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: *Sandra B. Matham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017481

CR2E037 (9/96)