


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727305** (5)  
1. Corporation Name  
**ORANGE TREE PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>6068 S. APOPKA VINELAND RD SUITE 5 ORLANDO FL 32819</b>		Mailing Address <b>6068 S. APOPKA VINELAND RD SUITE 5 ORLANDO FL 32819</b>		3. Date Incorporated or Qualified <b>08/07/1973</b>
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		4. FEI Number <b>59-1725483</b> Applied For <input type="checkbox"/> Not Applicable
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 <b>PAGE, FRANK L., C.P.A. 6068 SOUTH APOPKA-VINELAND RD. SUITE 5 ORLANDO FL 32819</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD UNDERWOOD, SANDY 6709 BITTERSWEET LN ORLANDO, FL 0 FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD Mary Bongan 7719 Clementine way Orlando FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROACH, SONYA 8832 PARSON BROWN COURT ORLANDO, FL 0</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D Freda Duane 6860 Bittersweet Lane Orlando, FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOGLS, JEANETTE 6506 PARSON BROWN DRIVE ORLANDO FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>BOALS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SCOTT, DEBBIE 6518 PARSON BROWN DRIVE ORLANDO, FL 0</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D Rita Henry 6607 Bittersweet Lane Orlando FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LINDE, LOREE 6613 BITTERSWEET LANE ORLANDO, FL 0</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TRUEBE, WILLIAM 6726 PARSON BROWN DRIVE ORLANDO FL</b>	6.1 TITLE 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:

*Loree E. Linde*

CR2E037 (10/97)