

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90057 030 \*\*\*\*61.25

**DOCUMENT # 727305**

1. Corporation Name

**ORANGE TREE PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

6068 S. APOPKA VINELAND RD  
SUITE 5  
ORLANDO FL 32819

Mailing Address

6068 S. APOPKA VINELAND RD  
SUITE 5  
ORLANDO FL 32819



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/07/1973

4. FEI Number

59-1725483

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BORGAN, MARY  
STREET ADDRESS 7719 CLEMENTINE WAY  
CITY-ST-ZIP ORLANDO FL 32819  
☒ DELETE

TITLE SD  
NAME DUANE, FRED  
STREET ADDRESS 6860 BITTERSWEET LANE  
CITY-ST-ZIP ORLANDO FL 32819  
☐ DELETE

TITLE D  
NAME BOALS, JEANETTE  
STREET ADDRESS 6506 PARSON BROWN DRIVE  
CITY-ST-ZIP ORLANDO FL  
☐ DELETE

TITLE D  
NAME HENRY, RITA  
STREET ADDRESS 6607 BITTERSWEET LANE  
CITY-ST-ZIP ORLANDO FL 32819  
☒ DELETE

TITLE TD  
NAME LINDE, LOREE  
STREET ADDRESS 6613 BITTERSWEET LANE  
CITY-ST-ZIP ORLANDO, FL 0  
☐ DELETE

TITLE D  
NAME TRUEBE, WILLIAM  
STREET ADDRESS 6728 PARSON BROWN DRIVE  
CITY-ST-ZIP ORLANDO FL  
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Ken Crawford  
1.3 STREET ADDRESS 6643 Clementine Way  
1.4 CITY-ST-ZIP Parson Br.  
☐ Change ☒ Addition

2.1 TITLE D  
2.2 NAME Dan Welsh  
2.3 STREET ADDRESS 7525 Clementine Way  
2.4 CITY-ST-ZIP  
☐ Change ☒ Addition

3.1 TITLE D  
3.2 NAME Chris Lizzoli  
3.3 STREET ADDRESS 7661 Persian Ct.  
3.4 CITY-ST-ZIP  
☐ Change ☒ Addition

4.1 TITLE VP  
4.2 NAME RAY TOWELLS  
4.3 STREET ADDRESS 6700 PARSON BROWN DR.  
4.4 CITY-ST-ZIP  
☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Katherine Harris*  
**REGISTERED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0017972

CR2E037 (11/98)