2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 13, 2000 8:00 am Secretary of State **DOCUMENT # 727305** 1. Entity Name ORANGE TREE PROPERTY OWNERS' ASSOCIATION, INC. 02-13-2000 90018 045 ****61.25 Mailing Address Principal Place of Business C 6068 S. APOPKA VINELAND RD 6068 S. APOPKA VINELAND RD SUITE 5 SUITE 5 ORLANDO FL 32819-4449 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1725483 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PAGE, FRANK L., C.P.A. 6068 SOUTH APOPKA-VINELAND RD. SUITE 5 Zip Code City ORLANDO FL 32819 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. D VP ☐ Addition Change 1 ☐ Delete TITLE TITI F CRAWFORD, KEN CRAWFORD, KEN NAME GOU'S PARSON-DE STREET ADDRESS STREET ADDRESS 6643 PARSON DR. orlando FL 32819 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 B Sec Sec Change ☐ Addition ☐ Delete TITLE TITLE Quane, Freda NAME DUANE, FREDA NAME 6660 Bitterseet Lane STREET ADDRESS STREET ADDRESS 6860 BITTERSWEET LANE orlando, FL 32819 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 Addition ☐ Delete TITLE n TITLE ß NAME BOALS, JEANETTE NAME STREET ADDRESS 6 6506 PARSON BROWN DRIVE STREET ADDRESS Please CITY-ST-ZIP CITY-ST-ZIE Oc ORLANDO FL 32819 VP PRES P Addition ☐ Defete TITLE TITLE NAME TOWELLS, RAY て STREET ADDRESS STREET ADDRESS 6700 PARSON BROWN DR. G CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 O٠ Lizzoli Chris Addition TITLE ☐ Delete TITLE 7661 Persian Ct. LINDE, LOREE MAME STREET ADDRESS STREET ADDRESS 6613 BITTERSWEET LANE 6 orlando FL 32812 ORLANDO, FL 0 コヱもげ CITY-ST-ZIP CITY-ST-ZIP c Addition ☐ Delete WELSH, DAN NAME NAME STREET ADDRESS STREET ADDRESS 7525 CLEMENTINE WAY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in tion indicated on this report or supplemental report is true and accurate and that my signature shall have to of the corporation or the receiver or trustee empowered to execute this report as required by Chapter changed, or on an attachment with an address, with all other like empowered.

1/31/00

reasurer