

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90051 008 ****61.25

DOCUMENT # 727305

1. Entity Name

ORANGE TREE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~6068 S. APOPKA VINELAND RD~~
~~SUITE 5~~
~~ORLANDO FL 32819~~

~~6068 S. APOPKA VINELAND RD~~
~~SUITE 5~~
~~ORLANDO FL 32819~~

2. Principal Place of Business

3. Mailing Address

7828 WHITE ASH ST PO BOX 691316

Suite, Apt. #, etc.

" Suite, Apt. #, etc.

LIGHTHOUSE MGMT.

LIGHTHOUSE MGMT.

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32819

US

32869-1316

US

4. FEI Number

59-1725483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

MICHAEL LEQUE

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

7828 WHITE ASH ST

LIGHTHOUSE MANAGEMENT

City

ORLANDO

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CRAWFORD, KEN**
CITY-ST-ZIP **6643 PARSON DR. ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
NAME **VP, D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DUANE, FRED**
CITY-ST-ZIP **6860 BITTERSWEET LANE ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
NAME **S, D**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32819**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **TOWELLS, RAY**
CITY-ST-ZIP **6700 PARSON BROWN DR. ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
NAME **P, D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **LINDE, LOREE**
CITY-ST-ZIP **6613 BITTERSWEET LANE ORLANDO, FL 0**

TITLE ☒ Change ☐ Addition
NAME **T, D**
STREET ADDRESS **VANCE ROPER**
CITY-ST-ZIP **6739 PARSON BROWN DR ORLANDO FL 32819**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WELSH, DAN**
CITY-ST-ZIP **7525 CLEMENTINE WAY ORLANDO FL**

TITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32819**

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 like empowered.

SIGNATURE:

Michael Leque
Michael Leque, President

3/31/01

Ext 6600

407-875-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)