

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90056 042 \*\*\*\*61.25

**DOCUMENT # 727305**

1. Entity Name

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



Principal Place of Business

**6700 PARSON BROWN DR  
ORLANDO FL 32819  
US**

Mailing Address

**C/O LIGHTHOUSE MANAGEMENT  
PO BOX 0774  
WINDERMERE FL 34786-0774  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

**WEAN & MALCHOW, P.A.  
646 E COLONIAL DR  
ORLANDO FL 32803**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DP** ☐ Change ☒ Addition  
NAME **John Creighton**  
STREET ADDRESS **6722 Dancy Court**  
CITY-ST-ZIP **Orlando, FL 32819**

TITLE **SD** ☒ Delete  
NAME **DUANE, FRED A**  
STREET ADDRESS **6860 BITTERSWEET LANE**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **DVP** ☐ Change ☒ Addition  
NAME **PHILIP YOUNG**  
STREET ADDRESS **6703 Bittersweet Lane**  
CITY-ST-ZIP **Orlando, FL 32819**

TITLE **D** ☐ Delete  
NAME **LINDE, LOREE**  
STREET ADDRESS **6613 BITTERSWEET LANE**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **DT** ☐ Change ☒ Addition  
NAME **Rita Henry**  
STREET ADDRESS **6607 Bittersweet Lane**  
CITY-ST-ZIP **Orlando, FL 32819**

TITLE **TD** ☐ Delete  
NAME **DICKERSON, Alysia**  
STREET ADDRESS **6710 DANCY CT**  
CITY-ST-ZIP **ORLANDO FL 32819**

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

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

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/05 (407) 361-3300**

Date

Daytime Phone #