

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90010 001 ****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**

40042350



2. Principal Place of Business - No P.O. Box #

1750 W. Broadway St
Suite, Apt. #, etc.
118

3. Mailing Address

1750 W. Broadway St
Suite, Apt. #, etc.
118

City & State

Oviedo, FL

City & State

Oviedo, FL

Zip

32765

Country

USA

Zip

32765

Country

USA

02222007

Chg-NP

CR2E037 (12/06)

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

**DAVIS, KEVIN
COMMUNITY MGMT SPEUAUSSIS LLC
1750 W BROADWAY ST
OVIDO, FL 32765**

7. Name and Address of New Registered Agent

Name **DAVIS, KEVIN**
Street Address (P.O. Box Number is Not Acceptable) **COMMUNITY MGMT. SPECIALISTS, INC**
1750 W. BROADWAY ST. #118
City **OVIDO** FL **32765**

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)

3/20/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **TD** ☐ Delete
NAME **AUSTIN, DEBBI**
STREET ADDRESS **6733 BITTERSWEET LANE**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **PD** ☐ Delete
NAME **YOUNG, PHILLIP**
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 **SD** ☐ Delete
NAME **AGUERRUIZE, TONY**
STREET ADDRESS **6637 BITTERSWEET LANE**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **D** ☐ Delete
NAME **HAMNER, KEN**
STREET ADDRESS **7655 PERSIAN CT**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition
NAME **Austin, Debbie**
STREET ADDRESS **6733 Bittersweet Lane**
CITY-ST-ZIP **Orlando, FL 32819**

TITLE **PD** ☒ Change ☐ Addition
NAME **Young, Philip**
STREET ADDRESS **6703 Bittersweet Lane**
CITY-ST-ZIP **Orlando, FL 32819**

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

TITLE **SD** ☒ Change ☐ Addition
NAME **Aguerrevere, Tony**
STREET ADDRESS **6637 Bittersweet Lane**
CITY-ST-ZIP **Orlando, FL 32819**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/20/07

Date

4073597202

Daytime Phone #