

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90136 021 \*\*\*\*61.25

0074704

**DOCUMENT # 727305**

1. Entity Name

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



Principal Place of Business

~~7828 WHITE ASH STREET~~  
~~LIGHTHOUSE MANAGEMENT~~  
~~ORLANDO FL 32819~~  
US

Mailing Address

PO BOX 691310  
LIGHTHOUSE MANAGEMENT  
ORLANDO FL 32819  
US

2. Principal Place of Business

**6700 PARSON BROWN DR**

Suite, Apt. #, etc.

3. Mailing Address

**410 LIGHTHOUSE MANAGEMENT**

Suite, Apt. #, etc.

**PO BOX 0774**

City & State

**ORLANDO FL**

City & State

**WINDERMERE, FL**

Zip

**32819**

Country

Zip

**34786-0774**

Country

**US**

4. FEI Number **59-1725483**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~LEOVE, MICHAEL~~  
~~7828 WHITE ASH STREET~~  
~~LIGHTHOUSE MANAGEMENT~~  
~~ORLANDO FL 32819~~

7. Name and Address of New Registered Agent

Name **WEAN E MALCHOW, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**646 E. Colonial DR.**

City

**Orlando**

FL

Zip Code

**32803**

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

*Paul L. Wean*  
**PAUL L. WEAN**

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/18/03**

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

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 **VPD** ☐ Delete  
NAME **CRAWFORD, KEN**  
STREET ADDRESS **6643 PARSON DR.**  
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 **D** ☐ Delete  
NAME **BOALS, JEANETTE**  
STREET ADDRESS **6506 PARSON BROWN DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE **TD** ☒ Delete  
NAME **ROPER, VANCE**  
STREET ADDRESS **6739 PARSON BROWN DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32819**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **TD**  
NAME **ALYSIA DICKERSON**  
STREET ADDRESS **6710 DANCY CT**  
CITY-ST-ZIP **ORLANDO FL 32819**

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 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:

*Kevin J. R. [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/03**

**407-875-2400**

CR2E037 (10/02)