2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



May 16, 2006 8:00 am Secretary of State **DOCUMENT #727672** 05-16-2006 90024 048 ****61.25 ORANGE TREE VILLAGE CONDOMINIUM, INC. NO. 2 Principal Place of Business Mailing Address 709 EAST MICHIGAN STREET P.O. BOX 560698 ORLANDO, FL 32806 ORLANDO, FL 32856-0698 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232006 Chg-NP CR2E037 (11/05) Applied For 4. FEI Number 59-1539805 City & State City & State Not Applicable Zip Country Country Zip \$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 MITCHELL, TRACY L 709 EAST MICHIGAN STREET ORLANDO, FL 32806 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 registered agent. the obligations of SIGNATURE nature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SD TITLE Addition TITLE Delete OBRIEN FRIN NAME NAME 2780-C CURRY FORD RD STREET ADDRESS STREET ADDRESS ORLANDO, FL 32806 CITY-ST-ZIP CITY-ST-ZIP Change PD ☐ Delete TITLE Addition Sheila Schwack, 5032 Doretta Court Orlando, PL 32807 CLOSS, SHELIA NAME NAME 2774 B CURRY FORD RD STREET ADDRESS STREET ADDRESS ORLANDO, FL 32806 CITY-ST-ZIP CITY-ST-ZIP VD Delete ☐ Change ☐ Addition TITLE MARTIN, GAAI NAME NAME STREET ADDRESS 2772-B CURRY FORD ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE Kuren Heates NAME NAME 778-p cury ford Rd STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE Brent williams Rd 2718-8 cury food Rd Marin Pr 3280L NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR