

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746474

FILED
Feb 01, 2008
Secretary of State

Entity Name: ORANGE TREE VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

1351 BLUFF CIRCLE
DUNEDIN, FL 34698

New Principal Place of Business:

1022 MAIN STREET
D
DUNEDIN, FL 34698

Current Mailing Address:

C/O ASSOCIATION DATA MANAGEMENT, INC.
PO BOX 2007
DUNEDIN, FL 346972007

New Mailing Address:

FEI Number: 59-1971501 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NASSER, WILLIAM J
1351 BLUFFS CIRCLE
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

TANKEL, ROBERT L
1022 MAIN STREET
D
DUNEDIN, FL 34698 US

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: ROBERT L. TANKEL

02/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANDY, MURIEL
Address: 1160-B ORANGE TREE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

Title: TD () Delete
Name: CAPONITI, JOHN
Address: 1160 D ORANGE TREE CR. E
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: GADOMSKI, GLORIA
Address: 1182-C ORANGE TREE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: BELL, KATHLEEN
Address: 1117-D ORANGE TREE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

Title: S () Delete
Name: DORRIS, MADELYN
Address: 1182-D ORANGE TREE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: TANCREDI, SAMUEL
Address: 2832-B ORANGE TREE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MURIEL LANDY

P

02/01/2008

Electronic Signature of Signing Officer or Director

Date