2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746796

FILED Mar 17, 2009 Secretary of State

Entity Name: ORANGETREE CONDOMINIUM ASSOCIATION, INC.

| Current Principal Place of Business: | | | New Principal Plac | New Principal Place of Business: | |
|--|--|---|---|---|--|
| | BOULDER BL' ΓΑ, FL 34233 | VD. | | | |
| Current Mailing Address: | | New Mailing Address: | | | |
| P.O. BOX SARASOT | 20705 ΓA, FL 34276 | | | | |
| El Number | : 59-2771909 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| lame and | d Address of C | urrent Registered Agent: | Name and Address | of New Registered Agent: | |
| SARASOT | ILDER BLVD FA, FL 34233 | US | | | |
| | e named entity s e of Florida. | ubmits this statement for the p | ourpose of changing its registe | red office or registered agent, or both, | |
| | | | | | |
| SIGNATU | | | | | |
| | Electroni | c Signature of Registered Age | | Date | |
| | | | | Date GES TO OFFICERS AND DIRECTO | |
| | Electroni | FORS: Delete BLVD | | | |
| DFFICER. ittle: lame: ddress: itty-St-Zip: ittle: lame: ddress: | Electroni S AND DIRECT PD () KING, VIRGINIA 5525 BOULDER SARASOTA, FL | Delete BLVD 34233 Delete MM BLVD | ADDITIONS/CHAN Title: Name: Address: | GES TO OFFICERS AND DIRECTO | |
| DFFICER itle: ame: ddress: city-St-Zip: itle: ame: ddress: city-St-Zip: itle: iame: ddress: city-St-Zip: | Electroni S AND DIRECT PD () KING, VIRGINIA 5525 BOULDER SARASOTA, FL SD () BENNET, MARIA 5557 BOULDER SARASOTA, FL TD () | Delete BLVD 34233 Delete WM BLVD 34233 Delete ELIZABETH JANE BLVD. | ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: | GES TO OFFICERS AND DIRECTO () Change () Addition | |
| OFFICER itle: lame: .ddress: | Electroni S AND DIRECT PD () KING, VIRGINIA 5525 BOULDER SARASOTA, FL SD () BENNET, MARIA 5557 BOULDER SARASOTA, FL TD () ARMSTRONG, E 5529 BOULDER SARASOTA, FL | Delete BLVD 34233 Delete M BLVD 34233 Delete ELIZABETH JANE BLVD. 34233 Delete ETT BLVD | ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip: | GES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition | |

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: VIRGINIA KING PD 03/17/2009