FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **769511** **(7)**

1. Corporation Name
ORANGE TREE MASTER MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7201 WOODGREEN DRIVE ORLANDO FL 32819 US	7201 WOODGREEN DRIVE ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1983
3a. Date of Last Report: 05/11/1994
4. FEI Number: 59-2370868 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

STRODE, CHARLES A.
7201 WOODGREEN DRIVE
237 LOOKOUT PL STE 200
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	D (NO CHANGE)	☑ Change ☐ Addition
NAME	BERGER, FRAN	1.2 NAME		
STREET ADDRESS	7324 SPARKING LAKE ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	GALLOF, ALBERT	2.2 NAME	(NO CHANGE)	
STREET ADDRESS	6112 ST IVES BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	~~DVP~~	3.1 TITLE	D	☑ Change ☐ Addition
NAME	~~FOLEY, JOHN~~	3.2 NAME	GALLAGHER, RUTH	
STREET ADDRESS	~~6103 CRYSTAL VIEW DR~~	3.3 STREET ADDRESS	6444 PARSON BROWN DRIVE	
CITY-ST-ZIP	~~ORLANDO FL~~	3.4 CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	TD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	GIANFALLA, JOHN	4.2 NAME		
STREET ADDRESS	7243 WOODVILLE CRESCENT	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	VD	☑ Change ☐ Addition
NAME	ADAMO, PHILIP	5.2 NAME		
STREET ADDRESS	7390 SPARKLING LAKE RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	TD	☑ Change ☐ Addition
NAME	SKUBAS, JOSEPH	6.2 NAME		
STREET ADDRESS	7657 APPLE TREE CIRCLE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/19/95 407-351-8747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALBERT GALLOF / PRESIDENT

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