FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 07/22/1983

3a. Date of Last Report: 04/26/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BERGER, FRAN		12 NAME		
STREET ADDRESS	7324 SPARKING LAKE ROAD		13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GALLOF, ALBERT		22 NAME		
STREET ADDRESS	6112 ST IVES BLVD		23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GALLAGHER, RUTH		32 NAME		
STREET ADDRESS	6444 PARSON BROWN DRIVE		33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		34 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	41 TITLE	D	☐ Change ☒ Addition
NAME	~~GIANFALLA, JOHN~~		42 NAME	SULLIVAN, DENISE	
STREET ADDRESS	~~7243 WOODVILLE CRESCENT~~		43 STREET ADDRESS	5933 CRYSTAL VIEW DRIVE	
CITY-ST-ZIP	~~ORLANDO FL~~		44 CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	ADAMO, PHILIP		52 NAME		
STREET ADDRESS	7390 SPARKLING LAKE RD		53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		54 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	SKUBAS, JOSEPH		62 NAME		
STREET ADDRESS	7657 APPLE TREE CIRCLE		63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		64 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)(k), 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: X _____ 4/17/96 (407) 351-8747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)