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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769511

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

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

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

4. FEI Number: 59-2370868 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Colleen Carney
82 Street Address (P.O. Box Number is Not Acceptable): 7201 WOODGREEN DRIVE
83
84 City: ORLANDO FL 85 Zip Code: 32819

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: Colleen Carney — 1/5/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ 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	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GALLOF, ALBERT		2.2 NAME		
STREET ADDRESS	6112 ST IVES BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	GALLAGHER, RUTH		3.2 NAME	CLAY THEOPHILUS	
STREET ADDRESS	6444 PARSON BROWN DRIVE		3.3 STREET ADDRESS	6559 DOUBLETRACE LANE	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO FL. 32819	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SULLIVAN, DENISE		4.2 NAME	HAL MOUNT	
STREET ADDRESS	5933 CRYSTAL VIEW DR		4.3 STREET ADDRESS	6001 CRYSTAL VIEW DRIVE	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO FL. 32819	
TITLE	VD	☒ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	ADAMO, PHILIP		5.2 NAME	GERRY NITTOLI	
STREET ADDRESS	7390 SPARKLING LAKE RD		5.3 STREET ADDRESS	6950 Edgeworth Drive	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Orlando, FL. 32819	
TITLE	TD	☐ DELETE	6.1 TITLE		☐ 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		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Joel Shabsis SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #