2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State
08-31-2000 90007 016 ****61.25

DOCUMENT # 769511

1. Entity 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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARNEY, COLLEEN 7201 WOODGREEN DRIVE ORLANDO FL 32819	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BERGER, FRAN 7324 SPARKING LAKE ROAD ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LOUIS L. ROEDER III 7414 SPARKLING LAKE RD ORLANDO, FL 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GALLOF, ALBERT 6112 ST IVES BLVD ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THEOPHILUS, CLAY 6559 DOUBLETRACE LANE ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOUNT, HAL 6001 CRYSTAL VIEW DRIVE ORLANDO FL 32819	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MIKE DISHMAN 6146 Crystal View Drive Orlando, FL 32819	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NITTOLI, GERRY 3950 EDGEWORTH DRIVE ORLANDO FL 32819	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BOB KELLER 6013 Crystal View Drive Orlando, FL. 32819	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SKUBAS, JOSEPH 7657 APPLE TREE CIRCLE ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT Terry Bowman Orlando FL, 32819	☒ Change ☐ Addition

CR2E037 (5/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8/11/00 407-317-8747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #