

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769511

FILED
Apr 02, 2008
Secretary of State

Entity Name: ORANGE TREE MASTER MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

7201 WOODGREEN DRIVE
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7201 WOODGREEN DRIVE
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-2370868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON, STEFANIE
7201 WOODGREEN DRIVE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: METZKER, DAVE
Address: 7737 APPLE TREE CIRCLE
City-St-Zip: ORLANDO, FL 32819 US

Title: P () Delete
Name: GALLOF, ALBERT
Address: 6112 ST IVES BLVD
City-St-Zip: ORLANDO, FL 32819 US

Title: T () Delete
Name: ANDREALA, ANTHONY
Address: 6438 EDGEWORTH DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: S () Delete
Name: GROSS, INGRID
Address: 6956 EDGEWORTH DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: FARWELL, MARC
Address: 7518 PINEMOUNT DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANDREALA, ANTHONY
Address: 6438 EDGEWORTH DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: TOPPARI, WILLIAM
Address: 7611 PINEMOUNT DRIVE
City-St-Zip: ORLANDO, FL 32819

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: ALBERT GALLOF

P

04/02/2008

Electronic Signature of Signing Officer or Director

Date