2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769511

FILED Apr 13, 2009 Secretary of State

Entity Name: ORANGE TREE MASTER MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7201 WOODGREEN DRIVE ORLANDO, FL 32819 **Current Mailing Address: New Mailing Address:** 7201 WOODGREEN DRIVE ORLANDO, FL 32819 FEI Number: 59-2370868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NICHOLSON, STEFANIE 7201 WOODGREEN DRIVE ORLANDO, FL 32819 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FARWELL, MARC FARWELL, MARC Name: Name: 7518 PINEMOUNT DRIVE Address: 7518 PINEMOUNT DRIVE Address: City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32819 US Title: () Delete Title: () Change () Addition GALLOF, ALBERT Name: Name: Address: 6112 ST IVES BLVD Address: City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: Title: () Delete Title: (X) Change () Addition ANDREALA, ANTHONY NORMAN, CHUCK Name: Name: 7118 HIDDEN IVY COURT Address: 6438 EDGEWORTH DRIVE Address: City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32819 US Title: () Delete Title: (X) Change () Addition Name: GROSS, INGRID Name: BRANDT, JAMES 6956 EDGEWORTH DRIVE 7738 APPLE TREE CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32819 US Title: Title: () Delete () Change () Addition TOPPARI, WILLIAM Name: Name: 7611 PINEMOUNT DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: () Change (X) Addition PERCIA, SAVATORE Name: Name: Address: Address: 7648 APPLE TREE CIRCLE ORLANDO, FL 32819 City-St-Zip: City-St-Zip:

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: SALVATORE PERCIA T 04/13/2009