

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769512 (5)

1. Corporation Name

**ORANGE TREE GOLF VILLAS SECTION ONE MAINTENANCE
ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7201 WOODGREEN DR
ORLANDO FL 32819
US

7201 WOODGREEN DR
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1983

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2370859

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WITHERELL, GRACE S
PROFESSIONAL PROPERTY MGMT INC
237 LOOKOUT PL STE 200
MARTLAND 32751

01 Name

CHARLES A STRODE

02 Street Address (P.O. Box Number is Not Acceptable)

7201 WOODGREEN DRIVE

03

7201 WOODGREEN DRIVE

04 City

ORLANDO

FL

05

Zip Code

32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Charles A. Strode

CHARLES A. STRODE

4/25/95

(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

PD

NAME

GENNARI, ANTHONY

STREET ADDRESS

6657 EDGEWORTH DR

CITY - ST - ZIP

ORLANDO FL

11 TITLE

SD

12 NAME

DAT FITZPATRICK

13 STREET ADDRESS

6437 DOUBLETRECE LANE

14 CITY - ST - ZIP

ORLANDO FL 32819

☒ Change ☒ Addition

TITLE

VD

NAME

BARBERA, ANTHONY

STREET ADDRESS

6310 PARSON BROWN DR

CITY - ST - ZIP

ORLANDO FL

21 TITLE

BARBERA, ANTHONY

22 NAME

BARBERA, ANTHONY

23 STREET ADDRESS

24 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

TD

NAME

KEOGH, MURIEL

STREET ADDRESS

7423 ELSWORTH COURT

CITY - ST - ZIP

ORLANDO FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

THEOPHILUS, CLAYTON

STREET ADDRESS

6559 DOUBLETRECE LANE

CITY - ST - ZIP

ORLANDO FL

41 TITLE

PD

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

SD

NAME

GALLAGHER, RUTH

STREET ADDRESS

6444 PARSON BROWN DR

CITY - ST - ZIP

ORLANDO FL

51 TITLE

D

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

Muriel J. Keogh

4/25/95

(407) 351-8747

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number