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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 769512

ORANGE TREE GOLF VILLAS SECTION ONE MAINTENANCE

Principal Place of Business
7201 WOODGREEN DR
ORLANDO FL 32819
110

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90039 021 ****61.25

ASSUCIA	ATION, INC.				•				
Principal Place of Business Mailing Address					-	•			
7201 WOODGR ORLANDO FL : US		7201 WOODGREEN DR ORLANDO FL 32819 US	ORLANDO FL 32819						
2. Principal Pi	lace of Business	2a. Mailing Address	···		3. Date Incorporated or Qua	lifed	· · ·		
					07/22/1983		· .		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number 59-2370859			plied For	
2		27			39-23/0039			t Applicable	
City & State	e	City & State			5. Certifcate of Status Desir	ed 🗆 👡	\$8.75 A Fee Rec		
Zip	Country	Zip	Cour	ntry	6. Election Campaign Finan	cing 🖂	\$5.00		
4	25		30		Trust Fund Contribution	·	Added to	o Fees	
	9. Name and Address of Current	Registered Agent		04 11	10. Name and Address of N	lew Registered	Agent		
				81 Name (collect Carney				
STRODE, CHARLES A				82 Street Addr	ress (P.O. Box Number is Not Ac				
	VILLAS SECTION ONE		-	28_	North Brown	HIE	A A ^j	<u> </u>	
7201 WOO	DDGREEN DRIVE		Ì	83		្រឹង្ខា ជាទី១			
ORLANDO	FL 32819		-	84 City C	*LANDO	Fl		819	
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statute	s, the ab	ove-named corp	oration submits this statement fo	r the purpose o	f changing its	registered	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	itnonzea	by the corporation	on's board of directors. I hereby	accept the appo	vintment as reg L	jistered	
-	A Company	Call		CArney		122	199		
SIGNATURE	Signature, typed or printed name or registered agent	t and title if applicable. (NOTE:	Registered .	Agent signature require	d when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO	O OFFICERS A			
TITLE	SD	DELETE	1,1 छ।	LÉ			Change	Addition	
NAME	MOORE, THOMAS		1.2 NA	ME					
STREET ADDRESS	6446 EDGEWORTH DR		1.3 ST	REET ADDRESS					
CITY-ST-ZIP	ORLANDO FL		1,4 CIT	Y-ST-ZIP	······································	·			
TITLE	T	☐ DELETE	2.1 TET	LE			☐ Change	☐ Addition	
NAME	KEOGH, MURIEL		2.2 NA	ME		•			
STREET ADDRESS	7423 ELSWORTH COURT		2.3 ST	REET ADDRESS			**		
CITY-ST-ZIP	ORLANDO FL		2. 4 CI	TY-ST-ZIP					
TITLE	P	☐ DELETE	3.1 TFT	TE			☐ Change	Addition	
NAME	THEOPHILUS, CLAYTON		3.2 NA	ME			•	•	
STREET ADDRESS	6559 DOUBLETRACE LANE		33 ST	REET ADDRESS					
CITY-ST-ZIP	ORLANDO FL		_	TY-ST-ZIP				<u> </u>	
TITLE	D	☐ DELETE	4.1 TIT	re [Change	Addition	
NAME	PALERMO, FRANK		4. 2 N	ME				•	
STREET ADDRESS	6552 EDGEWORTH DRIVE		4.3 ST	REET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32819			Y-ST-ZIP	<u> </u>			☐ Addition	
TITLE	SWARTZ, TESS ANN	☐ D€LETE	5.1 सा				Change	LI Addison	
	6625 DOUBLETRACE LA	NE	5.2 NA						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP	DELANDO FL	F7 - 2	_	Y-ST-ZIP		· · · · · · ·	Channe	T Addition	
TITLE		☐ DÉLETE	6.1 TIT	1		, `	Change	Addition	
NAME			6.2 NA						
STREET ADDRESS	}		6.3 ST	REET ADDRESS					
CITY-ST-ZIP			6.4 CIT	ry-st-z⊮P					

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 path; that if an 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: