

DOCUMENT # 769512

1. Entity Name

ORANGE TREE GOLF VILLAS SECTION ONE MAINTENANCE

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90079 030 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 7201 WOODGREEN DR, ORLANDO FL 32819 US
Mailing Address: 7201 WOODGREEN DR, ORLANDO FL 32819-4215 US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State, Zip, Country fields for both principal place of business and mailing address.

4. FEI Number: 59-2370859
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: CARNEY, COLLEN, 28 NORTH BROWN AVENUE, ORLANDO FL 32819

7. Name and Address of New Registered Agent: Name, Street Address, City, State (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
9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
Make Check Payable to Department of State

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include: T. KEOGH, MURIEL (7423 ELSWORTH COURT, ORLANDO FL); P. THEOPHILUS, CLAYTON (6559 DOUBLETRACE LANE, ORLANDO FL); D. PALERMO, FRANK (6552 EDGEWORTH DRIVE, ORLANDO FL); SD. SWARTZ, TESS ANN (6625 DOUBLETRACE LANE, ORLANDO FL).

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Includes checkboxes for Change and Addition.

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 [Handwritten Signature] 2/18/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)