

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # G64937

1. Entity Name
ORANGE COUNTY REALTY CORPORATION



Principal Place of Business

% TISHMAN REALTY AND CONST. CO INC.
666 FIFTH AVE
NEW YORK, NY 10103

Mailing Address

% TISHMAN REALTY AND CONST. CO INC.
666 FIFTH AVE
NEW YORK, NY 10103



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3210081

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
TISHMAN, JOHN
666 FIFTH AVE
NEW YORK, NY 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCOO
VICKERS, JOHN
666 FIFTH AVENUE
NEW YORK, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KOTOUN, KATHLEEN
666 FIFTH AVE
NY, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SCHWARZWALDER, LARRY
666 FIFTH AVE
NY, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEVP
TISHMAN, DANIEL
666 5 AVE
NEW YORK, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000529360
05/05/06-80071-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/06 212-7086843