

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002716

FILED
Apr 28, 2009
Secretary of State

Entity Name: ORANGETREE OF LAKE COUNTY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
#3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 59-3618569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN
225 S. WESTMONTE DRIVE
#3310
ALTAMONTE SPRINGS, FL 32724 US

Name and Address of New Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
#3310
ALTAMONTE SPRINGS, FL 32724 US

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: ELLEN R WOMACK

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FEENEY, TOM
Address: 16149 DOGWOOD HILL ST.
City-St-Zip: CLERMONT, FL 34711

Title: DVP () Delete
Name: YOUNG, RICHARD
Address: 23 HOMLEY BANK, DRONFIELD
City-St-Zip: DERBYSHIRE S18 2HP, UK

Title: DST () Delete
Name: PICKETT, STEVE
Address: 3102 SAMOSA HILL CIRCLE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: YOUNG, JAYNE
Address: 23 HOMLEY BANK, DRONFIELD
City-St-Zip: DERBYSHIRE S18 2HP, UK

Title: () Change () Addition
Name:
Address:
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: TOM FEENEY

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date