FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 PM 12:02

DOCUMENT # N12036 (2)

1. Corporation Name

ORANGE TREE VILLAGE MOBILE HOMEOWNERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
C/O BILL MCCAW 880 NAVEL ORANGE DRIVE ORANGE CITY FL 32763 US	C/O BILL MCCAW 880 NAVEL ORANGE DRIVE ORANGE CITY FL 32763 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1985
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2865349 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 C/O PHIL SMITH	26 C/O PHIL SMITH
Suite, Apt. #, etc. 22 880 NAVEL ORANGE DRIVE	Suite, Apt. #, etc. 27 880 NAVEL ORANGE DRIVE
City & State 23 ORANGE CITY, FL #####	City & State 28 ORANGE CITY, FL
Zip / Country 24 32763 / 25 US	Zip / Country 29 32763 / 30 US

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

MCCAW, BILL
627 ORANGE TREE DR
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name: PHIL SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 781 SWEET TANGERINE CT
83
84 City: ORANGE CITY FL 85 Zip Code: 32763

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: Philip T. Smith — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when mandatory) — DATE: 1/23/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SMITH, PHIL	1.2 NAME	Smith, Phil	
STREET ADDRESS	781 SWEET TANGERINE C	1.3 STREET ADDRESS	781 Sweet Tangerine Ct	
CITY-ST-ZIP	ORANGE CITY FL	1.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	D	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	KOEHLER, JIM	2.2 NAME	Koehler, James	
STREET ADDRESS	865 NAVEL ORANGE DR	2.3 STREET ADDRESS	865 Navel Orange Dr	
CITY-ST-ZIP	ORANGE CITY FL	2.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	~~PD~~	3.1 TITLE	S	☐ Change ☒ Addition
NAME	~~MCCAW, BILL~~	3.2 NAME	Banwell, Ray	
STREET ADDRESS	~~627 ORANGE TREE DR~~ Delete	3.3 STREET ADDRESS	659 Orange Tree Dr	
CITY-ST-ZIP	~~ORANGE CITY FL~~	3.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	~~VP~~	4.1 TITLE	D	☐ Change ☒ Addition
NAME	~~HOLT, JEAN~~	4.2 NAME	Hubler, Jack	
STREET ADDRESS	~~1042 KAMQUAT CT~~ Delete	4.3 STREET ADDRESS	847 Navel Orange Dr	
CITY-ST-ZIP	~~ORANGE CITY FL~~	4.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	~~D~~	5.1 TITLE	D	☐ Change ☒ Addition
NAME	~~FRY, PAT~~	5.2 NAME	Joyce, Peggy	
STREET ADDRESS	~~1023 KAMQUAT CT~~ Delete	5.3 STREET ADDRESS	935 Poncan Dr	
CITY-ST-ZIP	~~ORANGE CITY FL~~	5.4 CITY-ST-ZIP	Orange City, FL 32763	
TITLE	T	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HAGERICH, FLORINE	6.2 NAME	Leighton, Russell	
STREET ADDRESS	974 PONCAN DR	6.3 STREET ADDRESS	848 Navel Orange Dr	
CITY-ST-ZIP	ORANGE CITY FL	6.4 CITY-ST-ZIP	Orange City, FL 32763	

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 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 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: Philip T. Smith — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Philip T. Smith — 1/23/95 Date — (941) 775-9256 Daytime Phone #

0031000

BLOCK 13, CONTINUED

ADDITION

D
MASHINO, FRENCHIE
1050 NAVEL ORANGE DR
ORANGE CITY, FL 32763

ADDITION

D
WILSON, ROBERT
750 ORANGE BLOSSOM DR
ORANGE CITY, FL 32763