

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N12036** (2)

1. Corporation Name

**ORANGE TREE VILLAGE MOBILE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O PHIL SMITH  
880 NAVELE ORANGE DRIVE  
ORANGE CITY FL 32763  
US

C/O PHIL SMITH  
880 NAVELE ORANGE DRIVE  
ORANGE CITY FL 32763  
US

3. Date Incorporated or Qualified  
**11/13/1985**

3a. Date of Last Report  
**02/09/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2865349**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, PHIL  
781 SWEET TANGERINE CT  
ORANGE CITY FL 32763**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
SMITH, PHIL**  
STREET ADDRESS **781 SWEET TANGERINE CT**  
CITY - ST - ZIP **ORANGE CITY FL**

TITLE ☒ DELETE

NAME **VO  
KOENIGER, JIM**  
STREET ADDRESS **865 NAVELE ORANGE DR**  
CITY - ST - ZIP **ORANGE CITY FL**

TITLE ☐ DELETE

NAME **S  
BANWELL, RAY**  
STREET ADDRESS **659 ORANGE TREE DR**  
CITY - ST - ZIP **ORANGE CITY FL**

TITLE ☐ DELETE

NAME **D  
HUBLER, JACK**  
STREET ADDRESS **847 NAVELE ORANGE DR**  
CITY - ST - ZIP **ORANGE CITY FL**

TITLE ☐ DELETE

NAME **D  
JOYCE, PEGGY**  
STREET ADDRESS **935 PONCAN DR**  
CITY - ST - ZIP **ORANGE CITY FL**

TITLE ☐ DELETE

NAME **T  
HAGERICH, FLORINE**  
STREET ADDRESS **974 PONCAN DR**  
CITY - ST - ZIP **ORANGE CITY FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**VO**

**LEIGHTON, RUSSELL  
848 NAVELE ORANGE DR  
ORANGE CITY, FL**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

**D**

**PETRAMALE, AUDREY  
932 CITRUS TREE DR  
ORANGE CITY, FL**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

**D**

**WEAVER, SHERMAN  
871 NAVELE ORANGE DR  
ORANGE CITY, FL**

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

**D**

**WILSON, ROBERT  
750 ORANGE BLOSSOM DR  
ORANGE CITY, FL**

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☒ Addition

☐ Change

☒ Addition

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☐ Addition

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)(k), 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** *Philip T. Smith* **1/25/96** **(904) 775-9286**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)