FILE NOW: FILING FEE IS \$61.25

ENOUPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12036

(2)

Mailing Address

ORANGE TREE VILLAGE MOBILE HOMEOWNERS ASSOCIATION. INC.

C/O PHIL SMITH 880 NAVEL ORANGE DRIVE ORANGE CITY FL 32763				C/O PHIL SMITH 880 NAVEL ORANGE DRIVE ORANGE CITY FL 32763-8933								
US STATE SEASON			US					Date Incorpo 11/13/	orated or Qualified 1985	3a. Da	te of Last R 01/31/199	eport 6
2. Principal Pl	ace of Busine:	2a. M	2a. Mailing Address 26			4.	FEI Number 59-286	5349		- +	plied For t Applicable	
Suite, Apt.	#, etc	S	Suite, Apt. #, etc.			5.	Certificate of	Status Desired		\$8.75 / Fee Re		
City & State			C	City & State			6.	Election Carr Trust Fund C	npaign Financing		\$5.00 Added t	
Z _I p	Country 25			Z _{IP} Country 29 30			8.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
9. Name and Address of Current							10.	10. Name and Address of New Registered Agent				
						81 Name	/	7.7	0	71		
enum t	DLIII						Leig	hton	, nusse	/		
SMITH, PHIL						82 Street	Address (P	O Box Num	ber is Not Acceptab	学し		
781 SWEET TANGERINE CT						83	10_1	VAVEI	Uringe	ν		
ORANGE CITY FL 32763									-			
						84 City	Drone	ge Ci	ty	FL	85 Zip (763
f office or re	egistered ager	ns of Sections 617.050 nt, or both, in the State , and accept the oblig	of Florida	Such change was	authorized	d by the corr	corporation poration's b	n submits this poard of direc	statement for the paters. I hereby accep	urpose of ot the app	changing it ointment as	s registered registered
SIGNATURE _	Jan e, typed or	printed name of logistatio as	M			d Agent signature	required when	reinstating)	/-3	-94 DATE		· · · · · · · · · · · · · · · · · · ·
12.		OFFICERS AN			13.				HANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
TITLE	PD			DELETE	1.1 TC	TLE	PD	***************************************			Change	Addition
NAME	SMITH, PI	HIL		, ,	1.2 N/	AME		Lton	Russell			
STREET ADDRESS		ET TANGERINE C			1.3 \$1	REET ADDRESS	2480	Novell	Russell Irange Dr			
CITY-ST-ZIP	ORANGE					TY-ST-ZIP	Bring	e City	FL 3276	.7		
TITLE	VD			DELETE	2.1 Tr		Vn ') · · / /			Change	Addition
NAME	LEIGHTON	n, Russell		•	2.2 N/	AME	Jul	Lan Tax	K		•	
STREET ADDRESS		L ORANGE DR.			2.3 S1	REET ADORESS	0117	Alaual (K Sronge Dr			
CITY-ST-ZIP	ORANGE	CITY FL			2.40	ITY-ST-ZIP	271	Cit	V. EL 327	743		
TITLE	\$			DELETE	3.1 Tr		D	7	"		Change	Addition
NAME	BANWELL	, RAY			3.2 N/	AME	Smith	h Phi	1		•	
STREET ADDRESS	659 ORAN	NGE TREE DR			3.3 S1	REET ADDRESS	781	Sweet	Tangerine	Ct		
CITY-ST-ZIP	ORANGE	CITY FL		_	3.4. C	ITY-\$T-ZIP	Oren	0.1	FL 3276	?		
TITLE	D			DELETE	4.1 T)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	D	1 7	, , , , , , , , , , , , , , , , , , , ,		Change	Addition
NAME	HUBLER,	JACK		· ·	4. 2 N	AME	Petra	male, i	Audrev			
STREET ADDRESS		L ORANGE DR			4.3 S1	REET ADDRESS	9326	itrus Ti	ee Dr			
CITY-ST-ZIP	ORANGE	CITY FL			4.4 Ci	TY-ST-ZIP	Onina	e City.	FL 32763	7		
TITLE	D			DELETE	5.1 Ti		D		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	JOYCE, P	EGGY			5.2 N/	AME	DiDo	nato	Joe			
STREET ADDRESS	935 PON(5.3 \$1	REET ADDRESS	1068	K	Joe quet Ct			
CITY-ST-ZIP	ORANGE				5.4 CI	TY-ST-ZIP		ap Cit	F1 32	763		
TITLE	T			☐ DELETE	6.1 TI		D	J- ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 	Change	Addition
NAME	HAGERIC	H, FLORINE			6.2 N/	AME	Stal	10 0.	boxt			1
STREET ADDRESS	974 PON	•			6.3 S1	REET ADDRESS	500	115 10	bert Tree Dr			
1 1	ODANOC	OFFV FL					1477 (ンノビハタゴ	て ハヒセ ビニ			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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 as address.

SIGNATURE:



-3-94

964 7740116

FILED

Jan 17 1997 8:00am

Secretary of State

BLOCK 13. (CON'T)

7.1 Title:

D

X Addition

7.2 Name:

Weaver, Sherman

7.3 Street Adress: 871 Navel Orange Dr 7.4 City-St-Zip: Orange City, FL 32763