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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12036

1. Corporation Name

**ORANGE TREE VILLAGE MOBILE HOMEOWNERS ASSOCIATIO
N, INC.**

124719 - 90021 - 1

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 C/O Florine Hagerich

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 C/O Florine Hagerich

Suite, Apt. #, etc.

27 880 Navel Orange Drive

City & State

28 Orange City, FL 32763

Zip

Country

29 32763

30

US

3. Date Incorporated or Qualified

11/13/1985

4. FEI Number

59-2865349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LEIGHTON, RUSSEL
848 NAVEL ORAGNE DRIVE
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

D
SMITH, PHIL
781 SWEET TANGERINE CT
ORANGE CITY FL

TITLE ☐ DELETE

PD
LEIGHTON, RUSSELL
848 NAVEL ORANGE DR.
ORANGE CITY FL

TITLE ☐ DELETE

S
BANWELL, RAY
659 ORANGE TREE DR
ORANGE CITY FL

TITLE ☒ DELETE

VD
HUBLER, JACK
847 NAVEL ORANGE DR
ORANGE CITY FL

TITLE ☐ DELETE

D
STEPHENSON, GENE
977 PONCAN DR
ORANGE CITY FL

TITLE ☐ DELETE

T
HAGERICH, FLORINE
974 PONCAN DR
ORANGE CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DV
Gerry Wilson
750 Orange Blossom Drive
Orange City, FL 32763

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-26-99

904 822 1292

CR2E037 (11/98)