

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12036

1. Entity Name

ORANGE TREE VILLAGE MOBILE HOMEOWNERS ASSOCIATIO

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90267 013 ****61.25

Principal Place of Business

Mailing Address

C/O FLORINE HAGERICH
880 NAVAL ORANGE DRIVE
ORANGE CITY FL 32763
US

C/O FLORINE HAGERICH
880 NAVAL ORANGE DRIVE
ORANGE CITY FL 32763-8933
US

2. Principal Place of Business

880 NAVAL ORANGE DR.

3. Mailing Address

880 NAVAL ORANGE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE CITY FL.

City & State

ORANGE CITY FL.

Zip

32763

Country

U.S.

Zip

32763

Country

U.S.

6. Name and Address of Current Registered Agent

LEIGHTON, RUSSEL
848 NAVAL ORAGNE DRIVE
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name LOREN E. STEPHENSON

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

977 PONCAN DR.

City

ORANGE CITY

FL

Zip Code

32763

8. 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

Loren E. Stephenson

LOREN E. STEPHENSON

1-11-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME SMITH, PHIL
STREET ADDRESS 781 SWEET TANGERINE CT
CITY-ST-ZIP ORANGE CITY FL

TITLE PD ☐ Delete
NAME LEIGHTON, RUSSELL
STREET ADDRESS 848 NAVAL ORANGE DR.
CITY-ST-ZIP ORANGE CITY FL

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

TITLE VD ☒ Delete
NAME WILSON, GERRY
STREET ADDRESS 750 ORANGE BLOSSOM DR
CITY-ST-ZIP ORANGE CITY FL

TITLE D ☐ Delete
NAME STEPHENSON, GENE
STREET ADDRESS 977 PONCAN DR
CITY-ST-ZIP ORANGE CITY FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition
NAME LOREN E. STEPHENSON
STREET ADDRESS 977 PONCAN DR.
CITY-ST-ZIP ORANGE CITY FL. 32763

TITLE VICE-PRESIDENT ☒ Change ☐ Addition
NAME DIANN DUNLAP
STREET ADDRESS 961 NAVAL ORANGE DR.
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE SECRETARY ☐ Change ☐ Addition
NAME RAY BANWELL
STREET ADDRESS 659 ORANGE TREE DR.
CITY-ST-ZIP ORANGE CITY FL. 32763

TITLE TREASURER ☐ Change ☐ Addition
NAME FLORINE HAGERICH
STREET ADDRESS 974 PONCAN DR.
CITY-ST-ZIP ORANGE CITY FL. 32763

TITLE DIRECTOR ☐ Change ☒ Addition
NAME JOANNE BORNMAN
STREET ADDRESS 917 PONCAN DR.
CITY-ST-ZIP ORANGE CITY FL. 32763

TITLE DIRECTOR ☒ Change ☐ Addition
NAME RUSSELL LEIGHTON
STREET ADDRESS 848 NAVAL ORANGE DR.
CITY-ST-ZIP ORANGE CITY FL. 32763

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Loren E. Stephenson

LOREN E. STEPHENSON

904-775-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)