

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90010 045 \*\*\*\*\*61.25

**DOCUMENT # N12036**

1. Entity Name

**ORANGE TREE VILLAGE MOBILE HOMEOWNERS ASSOCIATIO**

Principal Place of Business

880 NAVAL ORANGE DRIVE  
 ORANGE CITY FL 32763  
 US

Mailing Address

880 NAVAL ORANGE DRIVE  
 ORANGE CITY FL 32763  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2865349**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEPHENSON, LOREN E**  
**977 PONCAN DR**  
**ORANGE CITY FL 32763**

Name

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

City

**FL**

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STEPHENSON, LOREN E</b> <b>977 POINCAN DR</b> <b>ORANGE CITY FL 32763</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEIGHTON, RUSSELL</b> <b>848 NAVAL ORANGE DR.</b> <b>ORANGE CITY FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BANWELL, RAY</b> <b>659 ORANGE TREE DR</b> <b>ORANGE CITY FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BORNMAN, JOANNE</b> <b>917 PONCAN DR</b> <b>ORANGE CITY FL 32763</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEPHENSON, GENE</b> <b>977 PONCAN DR</b> <b>ORANGE CITY FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HAGERICH, FLORINE</b> <b>974 PONCAN DR</b> <b>ORANGE CITY FL</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Philip T. Smith</b> <b>781 Sweet Tangerine Ct</b> <b>Orange City, FL 32763</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DiAnn Dunlap</b> <b>961 Naval Orange Dr</b> <b>Orange City, FL 32763</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Joanne Bornman</b> <b>917 Poncan Dr</b> <b>Orange City, FL 32763</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Loren E Stephenson</b> <b>977 Poncan Dr</b> <b>Orange City, FL 32763</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Victor Arnett</b> <b>1089 Naval Orange Dr</b> <b>Orange City, FL 32763</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Russell Bruso</b> <b>799 Sweet Tangerine Ct</b> <b>Orange City, FL 32763</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*Philip T. Smith* **PHILIP T. SMITH, (Pres)** *Feb 20, 2001* *386-775-9286*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)