

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12036

1. Entity Name

ORANGE TREE VILLAGE MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

880 NAVAL ORANGE DRIVE
ORANGE CITY FL 32763
US

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

ABELL CHARLES O

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

934 NAVAL ORANGE 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

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

(NOTE: Registered Agent signature required when reinstating)

03-08-02

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 ☒ Delete
NAME STEPHENSON, LOREN E
STREET ADDRESS 977 PONCAN DR
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☒ Delete
NAME SMITH, PHILIP T
STREET ADDRESS 781 SWEET TANGERINE CT
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ Delete
NAME DUNLAP, DIANN
STREET ADDRESS 961 NAVAL ORANGE DR
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ Delete
NAME BORNMAN, JOANNE
STREET ADDRESS 917 PONCAN DR
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ Delete
NAME ARNETT, VICTOR
STREET ADDRESS 1089 NAVAL ORANGE DR
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ Delete
NAME BRUSO, RUSSELL
STREET ADDRESS 799 SWEET TANGERINE CT
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☒ Change ☐ Addition
NAME SMITH Philip T
STREET ADDRESS 781 SWEET TANGERINE CT
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☒ Change ☒ Addition
NAME ABELL CHARLES O
STREET ADDRESS 934 NAVAL ORANGE DR
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ Change ☒ Addition
NAME FLORENCE HAGEN (T)
STREET ADDRESS 977 PONCAN
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Charles O. Abell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02

Date

386-851-0584

Daytime Phone #

CR2E037 (9/01)

0067114

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90064 044 ****61.25



DO NOT WRITE IN THIS SPACE