2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# N12036

Entity Name: ORANGE TREE VILLAGE MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

880 NAVEL ORANGE DRIVE
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

880 NAVEL ORANGE DRIVE
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: 59-2865349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROW, MIMI P
1051 NAVEL ORANGE DR.
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GROW, MIMI P
Address: 1051 NAVEL ORANGE DR.
City-St-Zip: ORANGE CITY, FL 32763

Title: T ( ) Delete
Name: MILLER, REGINALD W T
Address: 1092 NAVELENCIA CT
City-St-Zip: ORANGE CITY, FL 32763

Title: VP ( ) Delete
Name: LACOILLE, EUGENE VP
Address: 993 NAVEL ORANGE DR
City-St-Zip: ORANGE CITY, FL 32763

Title: S ( ) Delete
Name: HELSER, EILEEN SEC
Address: 802 ORANGE BLOSSOM TR.
City-St-Zip: ORANGE CITY, FL 32763

Title: D ( ) Delete
Name: COPEN, WILLIAM DIR
Address: 935 NAVAL ORANGE DR
City-St-Zip: ORANGE CITY, FL 32763

Title: D ( ) Delete
Name: LEIGHTON, RUSSELL DIR
Address: 848 NAVEL ORANGE DR.
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINALD W MILLER T 01/06/2006
Electronic Signature of Signing Officer or Director Date