2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State
02-27-2007 90007 021 ****70.00

DOCUMENT # N12036

1. Entity Name

ORANGE TREE VILLAGE MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
880 NAVEL ORANGE DRIVE ORANGE CITY FL 32763 US	880 NAVEL ORANGE DRIVE ORANGE CITY FL 32763 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	852 Navel Orange Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orange City FL
Zip / Country	Zip: 32763 / Country: Volusia

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
GROW, MIMI P 1051 NAVEL ORANGE DR. ORANGE CITY FL 32763	Name: Don Valente Street Address (P.O. Box Number is Not Acceptable): 1015 Navel 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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P GROW, MIMI P 1051 NAVEL ORANGE DR. ORANGE CITY FL 32763	☒ Delete	President Don Valente 1015 Navel Orange Dr. Orange City, Fl 32763	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T MILLER, REGINALD W T 1092 NAVELENCIA CT ORANGE CITY FL 32763	☒ Delete	Tres. Dorothy Mueller 852 Navel Orange Dr. Orange City, FL 32763-8933	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP LACOILLE, EUGENE VP 993 NAVEL ORANGE DR ORANGE CITY FL 32763	☒ Delete	VP Vic Arnett 1089 Navel Orange Dr. Orange City, Fl 32763	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S HELSER, EILEEN SEC 802 ORANGE BLOSSOM TR. ORANGE CITY FL 32763	☐ Delete	Sect Eileen Helser 802 Orange Blossom Tr. Orange City, Fl 32763	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D COPEN, WILLIAM DIR 935 NAVAL ORANGE DR ORANGE CITY FL 32763	☒ Delete	Gene Stephenson 977 Poncan Dr. Orange City, FL 32763	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LEIGHTON, RUSSELL DIR 848 NAVEL ORANGE DR. ORANGE CITY FL 32763	☒ Delete	Barbara Abell 934 Navel Orange Dr. Orange City, Fl 32763	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ 2/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #