


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N12036 1. Entity Name ORANGE TREE VILLAGE MOBILE HOMEOWNERS ASSOCIATION, INC.						FILED 07 MAR 30 AM 9:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 880 NAVEL ORANGE DRIVE ORANGE CITY, FL 32763 US				Mailing Address 852 NAVEL ORANGE DR. ORANGE CITY, FL 32763 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-2865349				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VALENTE, DON 1015 NAVEL ORANGE DR. ORANGE CITY, FL 32763				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 VALENTE, DON 1051 NAVEL ORANGE DR. ORANGE CITY, FL 32763 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 400095998254 04/06/07--01042--001 \$61.25 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUELLER, DOROTHY 852 NAVEL ORANGE DR. ORANGE CITY, FL 32763 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARNETT, VIC 1089 NAVEL ORANGE DR. ORANGE CITY, FL 32763 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Florine hagerich 974 Poncan dr. Orange City, Fl 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HELSE, EILEEN 802 ORANGE BLOSSOM TR. ORANGE CITY, FL 32763 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peggy Joyce 935 Poncan dr. orange City, Fl 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, GENE 977 PONCAN DR. ORANGE CITY, FL 32763 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> \$4/7 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABELL, BARBARA 934 NAVEL ORANGE DR. ORANGE CITY, FL 32763 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Dorothy Mueller</i> Dorothy Mueller Tres 3-26-07 386 778 8911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							