



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90059 008 ****70.00

DOCUMENT # N12036 1. Entity Name ORANGE TREE VILLAGE MOBILE HOMEOWNERS ASSOCIATION, INC.						
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		01192008 Chg-NP CR2E037 (12/06)		
Zip		Country		4. FEI Number 59-2865349		
5. Certificate of Status Desired <input checked="" 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			
8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALENTE, DON 1015 NAVEL ORANGE DR. 1015 ORANGE CITY, FL 32763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Giles, Virginia 973 Navel Orange dr Orange City, FL 32763		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUELLER, DOROTHY 852 NAVEL ORANGE DR. ORANGE CITY, FL 32763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D R Kruse, Robert 905 King Orange Dr. Orange City, FL 32763		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGERICH, FLORINE 974 PONCAN DR ORANGE CITY, FL 32763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lynch, Harry 624 Orange Tree Dr. Orange City, FL 32763		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, PEGGY 935 PONCAN DR ORANGE CITY, FL 32763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martin, Linda 875 Navel Orange Dr. Orange City, FL 32763		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, GENE 977 PONCAN DR. ORANGE CITY, FL 32763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Stephenson, Gene 977 Pincan Dr. Orange City, FL 32763		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABELL, BARBARA 934 NAVEL ORANGE DR. ORANGE CITY, FL 32763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
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: <u>Dorothy Mueller- Tres</u> <i>Dorothy Mueller</i> 2/1/08						