

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90094 016 ****61.25

DOCUMENT # N12036

1. Entity Name

**ORANGE TREE VILLAGE MOBILE HOMEOWNERS ASSOCIATIO
N, INC.**



Principal Place of Business

**880 NAVEL ORANGE DRIVE
ORANGE CITY FL 32763
US**

Mailing Address

**880 NAVEL 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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ABELL, CHARLES O
934 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 *Charles Abell* *Pres:*

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

(NOTE: Registered Agent signature required when reinstating)

1-7-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ABDELL, CHARLES O**
STREET ADDRESS **934 NAVEL ORANGE DR**
CITY-ST-ZIP **ORANGE CITY FL 32763**

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **T** ☐ Change ☒ Addition
NAME **Reg Miller**
STREET ADDRESS **1092 PAUCIENCIA CT**
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 **D** ☐ Change ☒ Addition
NAME **Jeanne Richards**
STREET ADDRESS **836 NAVAL ORANGE DR**
CITY-ST-ZIP **ORANGE CITY FL 32763**

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 Abell* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 386-851-0584

CR2E037 (10/02)