


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N21170	
1. Entity Name ORANGE TREE HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 4500 EXECUTIVE DR 110 NAPLES, FL 34119 US	Mailing Address 4500 EXECUTIVE DR 110 NAPLES, FL 34119 US
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01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0099170	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWITZ, STEPHEN G
 4500 EXECUTIVE DRIVE
 110
 NAPLES, FL 34119

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOWITZ, STEPHEN G 4500 EXECUTIVE DRIVE #110 NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RETALICK, KIMBERLY 4500 EXECUTIVE DRIVE #110 NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BOLLT, ROBERTO 4500 EXECUTIVE DRIVE #110 NAPLES, FL 34119
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 01/22/08-80024-001 61.25

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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:  **ROBERTO BOLLT** 15 JAN 08 239 596 4088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #