2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29885

FILED Feb 02, 2006 Secretary of State

Entity Name: ST. IVES AT ORANGE TREE MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	DGREEN DRI D, FL 32819	VE US			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
	DDGREEN DRI D, FL 32819	VE US			
FEI Number:	59-2948622	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:	
	IY, DIANA DDGREEN DRI D, FL 32819	VE US			
	named entity s of Florida.	submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR					
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () BOLTON, SHAR 7758 APPLE TE ORLANDO, FL	REE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () HENDRICKSON 7746 APPLE TR ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () JOHNSTON, SU 7700 HIDDEN IN ORLANDO, FL	VY COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () METZKER, DAV 7737 APPLETR ORLANDO, FL	EE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () WOOD, SANDR 7750 APPLE TR ORLANDO, FL	REE CR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE JOHNSTON P 02/02/2006