

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N12036

**Entity Name:** ORANGE TREE VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

882 NAVEL ORANGE DRIVE  
ORANGE CITY, FL 32763

**Current Mailing Address:**

882 NAVEL ORANGE DRIVE  
ORANGE CITY, FL 32763 US

**FEI Number:** 59-2865349

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIMONEAU, PETER E  
935 NAVEL ORANGE DR  
ORANGE CITY, FL 32763 US

*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.*

**SIGNATURE:** PETER E SIMONEAU

06/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JOHNSON, LINDA  
Address        1077 KUMQUAT CT  
City-State-Zip: ORANGE CITY FL 32763

Title            SECRETARY  
Name            LLOYD, CAROLYN  
Address        981 CITRUS TREE DR  
City-State-Zip: ORANGE CITY FL 32763

Title            DIRECTOR  
Name            HUGHES, SUSAN  
Address        1051 NAVEL ORANGE DR  
City-State-Zip: ORANGE CITY FL 32763

Title            DIRECTOR  
Name            SECKBACH, SIM  
Address        827 NAVEL ORANGE DR  
City-State-Zip: ORANGE CITY FL 32763

Title            TREASURER  
Name            SIMONEAU, PETER E  
Address        935 NAVEL ORANGE DR  
City-State-Zip: ORANGE CITY FL 32763

Title            DIRECTOR  
Name            COLE, NANCY  
Address        916 PONCAN DR  
City-State-Zip: ORANGE CITY FL 32763

Title            DIRECTOR  
Name            BEAN, DIANA  
Address        958 KING ORANGE DR  
City-State-Zip: ORANGE CITY FL 32763

*I hereby 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 all other like empowered.*

**SIGNATURE:** PETER E SIMONEAU

**TREASURER**

06/19/2023

Electronic Signature of Signing Officer/Director Detail

Date