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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90075 048 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715242**

1. Corporation Name  
**THE ORLEANS ASSOCIATION, INC.**

Principal Place of Business 383 HARBOUR DRIVE NAPLES FL 34103 US	Mailing Address 383 HARBOUR DRIVE NAPLES FL 34103 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/13/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1218167
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  WHITE, LAURIE FINANCIAL MANAGEMENT SERVICES 4933 TAMIAIM TRAIL N., STE. 200 NAPLES FL 34103	10. Name and Address of New Registered Agent 81 Name David J. Hudson 82 Street Address (P.O. Box Number is Not Acceptable) C/O Accounting & Tax Associates of Naples 83 802 Anchor Rode Drive 84 City Naples, FL 85 Zip Code 34103
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *David J. Hudson* **David J. Hudson** DATE: 4/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	<input type="checkbox"/> DELETE RICHMOND, EARLE 383 HARBOUR DR NAPLES FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP	<input checked="" type="checkbox"/> DELETE BOWERS, JOHN 383 HARBOUR DR. NAPLES FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> DELETE SCHMIDT, EUGENE 383 HARBOUR DR NAPLES FL	3.1 TITLE DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS	<input checked="" type="checkbox"/> DELETE TYSKEWICZ, JOSEPH 383 HARBOUR DR 309 NAPLES FL 34103	4.1 TITLE DS 4.2 NAME Rush, Vernon 4.3 STREET ADDRESS 108 Deerfield Drive 4.4 CITY-ST-ZIP Ligonier, PA 15658 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DV	<input type="checkbox"/> DELETE MIMNAGH, GEORGE 383 HARBOUR DR. NAPLES FL	5.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME Luthe, Barbara 6.3 STREET ADDRESS 383 Harbour Drive Apt. 202 6.4 CITY-ST-ZIP Naples, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Earl H. Richmond* DATE: 4/27/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Earl H. Richmond, Treasurer** DAYTIME PHONE # 649-7803

CR2E037 (1/198)