


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 715242 1. Entity Name THE ORLEANS ASSOCIATION, INC.	
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Principal Place of Business 383 HARBOUR DRIVE NAPLES, FL 34103 US	Mailing Address 383 HARBOUR DRIVE NAPLES, FL 34103 US
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02052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1218167	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

BLUEMEL, MALCOLM
 C/O ACCOUNTING & TAX ASSOCIATES OF NAPLES
 802 ANCHOR DR.
 NAPLES, FL 34103

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

Filing Fee is \$61.25
 Due by May 1, 2004

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

100000066335
 02/26/04-80011-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RICHMOND, EARLE 383 HARBOUR DR NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHMIDT, EUGENE 383 HARBOUR DR NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSH, VERNON 383 HARBOUR DRIVE NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIMNAGH, GEORGE 383 HARBOUR DR. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULLACE, MELINDA 383 HARBOUR DR. #208 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Earle Richmond 2/13/04 239-262-1874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #