


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90249 021 ****61.25

DOCUMENT # 715242							
1. Entity 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					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01062006 .Chg-NP CR2E037 (11/05) 4. FEI Number 59-1218167 <input type="checkbox"/> 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			7. Name and Address of New Registered Agent				
BLUEMEL, MALCOLM C/O ACCOUNTING & TAX ASSOCIATES OF NAPLES 802 ANCHOR DR. NAPLES, FL 34103			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RICHMOND, EARLE		NAME				
STREET ADDRESS	383 HARBOUR DR		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP				
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SCHMIDT, EUGENE		NAME				
STREET ADDRESS	383 HARBOUR DR		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TYSKEWICE, JOSEPH		NAME				
STREET ADDRESS	383 HARBOUR DRIVE		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP				
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MIMNAGH, GEORGE		NAME				
STREET ADDRESS	383 HARBOUR DR.		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GULLACE, MELINDA		NAME				
STREET ADDRESS	383 HARBOUR DR. #208		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change		
NAME	MACHI, MICHAEL		NAME				
STREET ADDRESS	383 HARBOUR DRIVE		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP				
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: <i>Earle H Richmond</i>		Date: 3-22-06		Daytime Phone #: 239-262-1874			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			