


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90091 050 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHMOND, EARLE			NAME	Delap, Deborah
STREET ADDRESS	383 HARBOUR DR			STREET ADDRESS	383 Harbour Dr.
CITY-ST-ZIP	NAPLES, FL			CITY-ST-ZIP	Naples FL 34103
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 checked="" 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	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHI, MICHAEL			NAME	
STREET ADDRESS	383 HARBOUR DRIVE			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 information.					
SIGNATURE: <i>Earle H. Richmond</i>				Date: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 239-262-1874	

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4. FEI Number: 59-1218167 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required