

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **728511** (7)

1. Corporation Name

**ORCHID SPRINGS VILLAGE, NO. 400, INC.**



Principal Place of Business

Mailing Address

400 EL CAMINO DR  
APT #204  
WINTER HAVEN FL 33884  
US

400 EL CAMINO DR  
APT #204  
WINTER HAVEN FL 33884  
US

3. Date Incorporated or Qualified  
**12/31/1973**

3a. Date of Last Report  
**04/05/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2637333**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASSIDY, ALBERT H.  
100 ORCHID SPRINGS DR.  
WINTER HAVEN FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☐ DELETE  
NAME WANDREY, FRANK  
STREET ADDRESS 400 EL CAMINO DR APT #204  
CITY-ST-ZIP WINTER HAVEN, FL 00000

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Roy Williamson  
1.3 STREET ADDRESS 400 El Camino Dr., Apt. #107  
1.4 CITY-ST-ZIP Winter Haven, FL 33884

TITLE PD ☒ DELETE  
NAME FITCH, ROBERT  
STREET ADDRESS 400 EL CAMINO DR APT #104  
CITY-ST-ZIP WINTERHAVEN, FL 00000

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME Harry Dewar  
2.3 STREET ADDRESS 400 El Camino Dr., Apt #201  
2.4 CITY-ST-ZIP Winter Haven, FL 33884

TITLE VD ☐ DELETE  
NAME EVERBURG, WILLIAM  
STREET ADDRESS 400 EL CAMINO DR APT #108  
CITY-ST-ZIP WINTERHAVEN, FL 00000

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME JOSEPHINE TUTAK  
STREET ADDRESS 400 #E1 CAMINO DR. APT #109  
CITY-ST-ZIP WINTER HAVEN FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HOWARD W KITTO  
STREET ADDRESS 400 E1 CAMINO DR APT #123  
CITY-ST-ZIP WINTER HAVEN FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME WANDREY, MARY L.  
STREET ADDRESS 400 EL CAMINO DR APT #204  
CITY-ST-ZIP WINTER HAVEN FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Frank E. Wandrey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank E. Wandrey

3/18/96 (941) 325-8186  
Date Phone #

CR2E037 (12/95)