FILE NOW: FILING FEE IS $61.25

FILED
Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 33884-1660 US

3. Date Incorporated or Qualified: **12/31/1973**
3a. Date of Last Report: **03/27/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	VD	☒ Change ☒ Addition
NAME	WANDREY, FRANK		1.2 NAME	Nancy Williamson	
STREET ADDRESS	400 EL CAMINO DR APT #204		1.3 STREET ADDRESS	400 El Camino Dr., Apt. #107	
CITY-ST-ZIP	WINTER HAVEN, FL 00000		1.4 CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☒ Change ☒ Addition
NAME	DEWAR, HARRY		2.2 NAME	Robert Mahoney	
STREET ADDRESS	400 EL CAMINO DR APT #104		2.3 STREET ADDRESS	400 El Camino Dr., Apt. #110	
CITY-ST-ZIP	WINTERHAVEN, FL 00000		2.4 CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EVERBURG, WILLIAM		3.2 NAME		
STREET ADDRESS	400 EL CAMINO DR APT #108		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTERHAVEN, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPHINE TUTAK		4.2 NAME		
STREET ADDRESS	400 #E1 CAMINO DR. APT #109		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD W KITTO		5.2 NAME		
STREET ADDRESS	400 E1 CAMINO DR APT #123		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WANDREY, MARY L.		6.2 NAME		
STREET ADDRESS	400 EL CAMINO DR APT #204		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Frank E. Wandrey REQUIRED Frank E. Wandrey 3/27/97 (941) 325-8185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064831