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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728511 (7)

1. Corporation Name

ORCHID SPRINGS VILLAGE, NO. 400, INC.



Principal Place of Business	Mailing Address
400 EL CAMINO DR APT #204 210 WINTER HAVEN FL 33884 US	400 EL CAMINO DR APT #204 210 WINTER HAVEN FL 33884 US

3. Date Incorporated or Qualified

12/31/1973

4. FEI Number

59-2637333

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, NANCY	
STREET ADDRESS	400 EL CAMINO DR APT #107	
CITY-ST-ZIP	WINTER HAVEN FL 33884	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHONEY, ROBERT	
STREET ADDRESS	400 EL CAMINO DR APT #110	
CITY-ST-ZIP	WINTER HAVEN FL 33884	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WANDREY, MARY L	
STREET ADDRESS	400 EL CAMINO DR, APT 204	
CITY-ST-ZIP	WINTER HAVEN FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FRANK WANDREY	
STREET ADDRESS	400 EL CAMINO DR, APT 204	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EDWARD FINN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	400 EL CAMINO DR, APT 221	
1.3 STREET ADDRESS	WINTER HAVEN, FL 33884	
1.4 CITY-ST-ZIP		

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GENTRY E. TAYLOR	
2.3 STREET ADDRESS	400 EL CAMINO DR #210	
2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VERONA A. TAYLOR	
4.3 STREET ADDRESS	400 EL CAMINO DR, #210	
4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Verona A. Taylor VERONA A. TAYLOR

CP2E037 (10/97)