2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State
07-15-2005 90021 031 ****61.25

DOCUMENT # 728511

1. Entity Name
ORCHID SPRINGS VILLAGE, NO. 400, INC.

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

07112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
400 El Camino Dr	400 El Camino Dr
Suite, Apt. #, etc.: # 107	Suite, Apt. #, etc.: # 107
City & State: Winter Haven, FL	City & State: Winter Haven, FL
Zip: 33884 Country: U.S.A.	Zip: 33884 Country: U.S.A.

4. FEI Number 59-2637333 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASSIDY, ALBERT H 100 ORCHID SPRINGS DR. WINTER HAVEN, FL	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SEQUIN, JAMES 400 EL CAMINO DR #101 WINTER HAVEN, FL 33884	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GANZ, GERALD 400 El Camino Dr #201 Winter Haven, FL 33884	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GREER, JOHN 400 EL CAMINO DR APT 207 WINTER HAVEN, FL 33884	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Paulette Denton 400 El Camino Dr #204 Winter Haven, FL 33884	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWANSON, VERNON 400 EL CAMINO DR APT 111 WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAMSON, NANCY 400 EL CAMINO DR #107 WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNS / GANZ, MARY LOU 400 EL CAMINO DR #201 WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V P	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIGHTER, GEORGE 400 EL CAMINO DR #109 WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Mary Lou Johns/Ganz MaryLou Johns/Ganz 07-11-05 863-318-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #