


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90067 017 ****61.25

DOCUMENT # 728511

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



Principal Place of Business
 400 EL CAMINO DR
~~WINTER HAVEN~~ #204
 WINTER HAVEN, FL 33884 US

Mailing Address
 400 EL CAMINO DR
~~WINTER HAVEN~~ #204
 WINTER HAVEN, FL 33884 US

401111



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 #204
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 #204
 City & State

Zip Country Zip Country

04252007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
 CASSIDY, ALBERT H
 100 ORCHID SPRINGS DR.
 WINTER HAVEN, FL

7. Name and Address of New Registered Agent
 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 May 1, 2007

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	
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	GANZ, GERALD
STREET ADDRESS	400 EL CAMINO DR, # 201
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	DENTON, PAULETTE
STREET ADDRESS	400 EL CAMINO DR, # 204
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SWANSON, VERNON
STREET ADDRESS	400 EL CAMINO DR APT 111
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	P <input type="checkbox"/> Delete
NAME	WILLIAMSON, NANCY
STREET ADDRESS	400 EL CAMINO DR #107
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	JOHNS / GANZ, MARY LOU
STREET ADDRESS	400 EL CAMINO DR #201
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SPAIN, EDITH
STREET ADDRESS	400 EL CAMINO DR #203
CITY-ST-ZIP	WINTER HAVEN, FL 33884

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Denton, Paulette
CITY-ST-ZIP	400 EL CAMINO DR, #204 WINTER HAVEN, FL 33884
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Farrach, Suzanne
STREET ADDRESS	400 EL CAMINO DR, #205
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosnick, Roberta
STREET ADDRESS	400 EL CAMINO DR, #206
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pimpinelli, Angelo
STREET ADDRESS	400 EL CAMINO DR #215
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spain, Edith
STREET ADDRESS	400 EL CAMINO DRIVE #203
CITY-ST-ZIP	WINTER HAVEN, FL 33884

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 empowered.

SIGNATURE: Paulette Denton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-20-07 (863) 875-1030
Date Daytime Phone #