


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 728511</b> 1. Entity Name ORCHID SPRINGS VILLAGE, NO. 400, INC.	
---	---

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



01172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP DENTON, PAULETTE 400 EL CAMINO DR, # 204 WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARNACH, SUZANNE 400 EL CAMINO DR. #205 WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMSON, NANCY 400 EL CAMINO DR #107 WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSNICK, ROBERTA 400 EL CAMINO DR. #206 WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPAIN, EDITH 400 EL CAMINO DRIVE #203 WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIMPINELLI, ANGELO 400 EL CAMINO DR., #215 WINTER HAVEN, FL 33884

000000732375  
01/24/08-80005-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 - Secretary + VP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1-18-08 Daytime Phone #