## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## DOCUMENT # 728511

1. Entity Name

SIGNATURE

Principal Place of Business

ORCHID SPRINGS VILLAGE, NO. 400, INC.

Signature, typed or printed name of registered agent and title if applicable

WINTER HAVEN FL 33884



**FILED** Mar 27, 2003 8:00 am Secretary of State

03-27-2003 90102 042 \*\*\*\*61.25

DATE

rud et camino dir APT #210 Minter Haven FL : JS	33884	ADD EL CAMINO D APT #210 WINTER HAVEN FI US			* 1885) 1880 1881 1881 1881 1881 1881 1881 188	ii Birii Birii Birii Birii Birii 1877		
2. Principal Place	of Business	3. Mailing Addres	ss					
Suite, Apt. #, etc	D.	Suite, Apt. #,	etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 59-2637333	Applied For Not Applicable		
Zip	Country	Zip	Co	untry	5. Certificate of Status Desired S8.75 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				Street Address (P.O. Box Number is Not Acceptable)				
				City	FL	Zip Code		
	ed entity submits this statement of registered agent.	ent for the purpose of char	nging its register	red office or registe	ered agent, or both, in the State of Florida. I am f	amiliar with, and accept		

(NOTE: Registered Agent signature required when reinstating)

<b>(</b> e	FILE NOW: FEE IS \$61.25	<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANG	GES TO OFFICERS AND DI	RECTORS IN	10
TITLE	VP	Delete	TITLE	変をとした。こうの	741.	☐ Change	Addition
NAME .	WILLIAMSON, NANCY	• •	NAME	AT SHE	•		
STREET ADDRESS	400 EL CAMINO DR APT #107		STREET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL 33884		CITY-ST-ZIP				
TITLE	S	☐ Delete	TITLE	BD		☐ Change	Addition
NAME	GREER, JOHN		NAME	Mary Lou 400 El Ca	JOHNS		,
STREET ADDRESS	400 EL CAMINO DR APT 207		STREET ADDRESS	400 E1 Ca	aminm Do	# 20	, ,
CITY-ST-ZIP	WINTER HAVEN FL 33884	•	CITY-ST-ZIP	WINTER 1	taven 71	33886	<b>,</b> '
TITLE	D	☐ Delete	TITLE	17 D	•	Change *	N Addition
NAME	SWANSON, VERNON		NAME	James Se 400 El C	<i>equiN</i>		. `
STREET ADDRESS	400 EL CAMINO DR APT 111		STREET ADDRESS	400 E1 C	amino Di	# 10	) <i>i</i>
CITY-ST-ZIP	WINTER HAVEN FL 33884		CITY-ST-ZIP	WINTER	Haven, F	( 33	884
TITLE	P	Delete	TITLE			☐ Change	☐ Addition
NAME	TAYLOR, GENTRY E.		NAME				
STREET ADDRESS	400 EL CAMION DR #210		STREET ADDRESS				ĺ
CITY-ST-ZIP	WINTER HAVEN FL 33884		CITY-ST-ZIP				
TITLE	TD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	TAYLOR, VERONA		NAME				}
STREET ADDRESS	400 EL CAMINO DR. #210		STREET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL 33884		CITY-ST-ZIP				i
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	RIGHTER, GEORGE		NAME				
STREET ADDRESS	AGO EL CAMINO DO #100		STREET ADDRESS				

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.

CITY-ST-ZIP