

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State


DOCUMENT # 766641
 1. Entity Name
 O.R.B.I.T. OWNERS ASSOCIATION, INC.



Principal Place of Business
 2950 ENTRY POINT BLVD.
 KISSIMMEE, FL 34746

Mailing Address
 8680 COMMODITY CIR
 ORLANDO, FL 32819 US

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

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|--|---------------------------------------|
| 4. FEI Number 36-3319856 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KORSHAK, STEPHEN D ESQ.
 8680 COMMODITY CIR
 STE 101
 ORLANDO, FL 32819

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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 reinstating) 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

U00000779500
 01/11/08-80055-022 70.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EICKMEIER, ORBIN 8680 COMMODITY CIR ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS STANCZAK, ROBERTA 8680 COMMODITY CIR ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT GATCHA, MICHAEL 8680 COMMODITY CIR ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV KEYES, RALPH J 8680 COMMODITY CIR ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SCHREIBER, STEVEN 8680 COMMODITY CIR ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *Sulyn Stumbras* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/9/08 **Date**

(407) 859-8900 **Daytime Phone #**