

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2009**  
**Secretary of State**

DOCUMENT# 766641

Entity Name: O.R.B.I.T. OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2950 ENTRY POINT BLVD.  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

8680 COMMODITY CIR  
ORLANDO, FL 32819 US

**New Mailing Address:**

FEI Number: 36-3319856      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: EICKMEIER, ORBIN  
Address: 8680 COMMODITY CIR  
City-St-Zip: ORLANDO, FL 32819

Title: DS ( ) Delete  
Name: STANCZAK, ROBERTA  
Address: 8680 COMMODITY CIR  
City-St-Zip: ORLANDO, FL 32819

Title: DT ( ) Delete  
Name: GATCHA, MICHAEL  
Address: 8680 COMMODITY CIR  
City-St-Zip: ORLANDO, FL 32819

Title: DV ( ) Delete  
Name: KEYES, RALPH J  
Address: 8680 COMMODITY CIR  
City-St-Zip: ORLANDO, FL 32819

Title: DP ( ) Delete  
Name: SCHREIBER, STEVEN  
Address: 8680 COMMODITY CIR  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SULYN STUMBRAS

P

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date