

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

FILED
Apr 01, 2003 8:00 am
Secretary of State

04-01-2003 90043 041 ****61.25

DOCUMENT # N02000005580

1. Entity Name

ORCHID COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2666 AIRPORT RD SOUTH
NAPLES FL 34112**

Mailing Address

**2666 AIRPORT RD SOUTH
NAPLES FL 34112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOIACANO, MATTHEW
2666 AIRPORT RD SOUTH
NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name **Agnelli, John J.**

Street Address (P.O. Box Number is Not Acceptable)
2666 Airport Road S.

City **Naples**

FL

Zip Code **34112**

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

3/20/03

FILE NOW: FEE IS \$61.25

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 **P** ☐ Delete
NAME **HIGGS, WILLIAM T**
STREET ADDRESS **2666 AIRPORT RD SOUTH**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **DS** ☐ Delete
NAME **HIGGS, ANTONIA**
STREET ADDRESS **2666 AIRPORT RD SOUTH**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** ☐ Delete
NAME **LOIACANO, MATTHEW**
STREET ADDRESS **2666 AIRPORT RD SOUTH**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **T** ☐ Delete
NAME **LOIACANO, LISA**
STREET ADDRESS **2666 AIRPORT RD SOUTH**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Agnelli, John J.**
STREET ADDRESS **2666 Airport Rd S.**
CITY-ST-ZIP **Naples, FL 34112-4885**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE

SIGNATURE REQUIRED **John J. Agnelli** **3/19/03** **239-775-2230**

CR2E037 (10/02)