

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007731

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** ORCHID GROVE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

5555 ANGLERS AVENUE  
SUITE 1A  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

C/O MIAMI MANAGEMENT, INC  
1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**Current Mailing Address:**

5555 ANGLERS AVENUE  
SUITE 1A  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

C/O MIAMI MANAGEMENT, INC  
1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**FEI Number:** 20-1469350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REGISTERED AGENTS OF FLORIDA, LLC  
C/O 100 SOUTHEAST SECOND STREET  
SUITE 2900  
MIAMI, FL 331312130 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: PD ( ) Delete  
Name: DECASTRO, DONALD  
Address: 5555 ANGLERS AVENUE - SUITE 1  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VD ( ) Delete  
Name: NELSON, ADRIANA  
Address: 5555 ANGLERS AVENUE - SUITE 1  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: STD (X) Delete  
Name: CRAIN, DAVID  
Address: 5555 ANGLERS AVENUE - SUITE 1  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SD (X) Delete  
Name: COLINA, CHRISTIAN  
Address: 5555 ANGLERS AVENUE - SUITE 1  
City-St-Zip: FORT LAUDERDALE, FL 33312

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

Title: PD (X) Change ( ) Addition  
Name: DECASTRO, DONALD  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323

Title: VDT (X) Change ( ) Addition  
Name: COLINA, CHRISTIAN  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323

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: DONALD DECASTRO

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date