

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007213

FILED
Apr 20, 2009
Secretary of State

Entity Name: ORCHID RESERVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

21045 COMMERCIAL TRL
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

21045 COMMERCIAL TRL
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 55-0903992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISAACSON, WILLIAM K
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 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: GLADSTONE, FRED
Address: 12349 ORCHID RESERVE DR.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VPD () Delete
Name: STOLLER, RICHARD
Address: 10263 ORCHID RESERVE DR.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: TS () Delete
Name: CHIEF, ARNOLD
Address: 10341 ORCHID RESERVE DR.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D () Delete
Name: KIMMERMAN, PHYLIS
Address: 10230 ORCHID RESERVE DR.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D () Delete
Name: SCHWARZ, MARION
Address: 10330 ORCHID RESERVE DR.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D () Delete
Name: WISHENGRAD, JOEL
Address: 10218 ORCHID RESERVE DR.
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: CHIET, ARNOLD
Address: 10341 ORCHID RESERVE DR.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: S (X) Change () Addition
Name: KIMMERMAN, PHYLIS
Address: 10230 ORCHID RESERVE DR.
City-St-Zip: WEST PALM BEACH, FL 33412

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: FRED GLADSTONE

Electronic Signature of Signing Officer or Director

P

04/20/2009

Date