

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48533 (6)**

1. Corporation Name

**THE ORCHARD, PHASE II, HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 21343  
SOUTH DAYTONA FL 32127  
US

P.O. BOX 21343  
SOUTH DAYTONA FL 32127  
US



3. Date Incorporated or Qualified  
**04/23/1992**

3a. Date of Last Report  
**06/05/1996**

2. Principal Place of Business

2a. Mailing Address

**21 P.O. Box 211343**

**26 P.O. Box 211343**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 South Daytona, FL**

**28 South Daytona, FL**

Zip

Country

Zip

Country

**24 32121-1343**

**25 USA**

**29 32121-1343**

**30 USA**

4. FEI Number

**59-3262584**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLOYD R. WILEY, JR.  
15 OLD SUNBEAM DR.  
SOUTH DAYTONA FL 32114**

**81 Name LaMont Mowrey**

**82 Street Address (P.O. Box Number is Not Acceptable)  
161 Bryan Cave Road**

**83**

**84 City**

**South Daytona**

**FL**

**85 Zip Code**

**32119**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **LaMont F. Mowrey**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**2/20/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLOYD R. WILEY, JR.	
STREET ADDRESS	15 OLD SUNBEAM DR.	
CITY-ST-ZIP	SOUTH DAYTONA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LAMONT MOWREY	
STREET ADDRESS	161 BRYAN CAVE RD.	
CITY-ST-ZIP	SOUTH DAYTONA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MICKEY AUSBIN	
STREET ADDRESS	157 BRYAN CAVE RD.	
CITY-ST-ZIP	SOUTH DAYTONA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FLO DEPRABO	
STREET ADDRESS	941 PIZZARO DR.	
CITY-ST-ZIP	SOUTH DAYTONA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM ALCORN	
STREET ADDRESS	10 OLD SUNBEAM DR.	
CITY-ST-ZIP	SOUTH DAYTONA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOAN CHEROTTI	
STREET ADDRESS	937 PIZZARO DR.	
CITY-ST-ZIP	SOUTH DAYTONA FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LaMont Mowrey	
1.3 STREET ADDRESS	161 Bryan Cave Rd.	
1.4 CITY-ST-ZIP	South Daytona, FL 32119	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Cherotti	
2.3 STREET ADDRESS	937 Pizarro Dr.	
2.4 CITY-ST-ZIP	South Daytona FL. 32119	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Trudy Ehlbeck	
3.3 STREET ADDRESS	145 Bryan Cave Rd.	
3.4 CITY-ST-ZIP	South Daytona, FL 32119	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Donna Schildt	
4.3 STREET ADDRESS	46 Old Sunbeam Dr.	
4.4 CITY-ST-ZIP	South Daytona, FL 32119	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hank Ehlbeck	
5.3 STREET ADDRESS	145 Bryan Cave Rd.	
5.4 CITY-ST-ZIP	South Daytona, FL 32119	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Flo DePrato	
6.3 STREET ADDRESS	941 Pizzaro Dr.	
6.4 CITY-ST-ZIP	South Daytona, FL 32119	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **LaMont F. Mowrey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/97**

904-788-2927

Daytime Phone # 0077302

CR2E037 (9/96)