

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90193 002 ****61.25

DOCUMENT # N48533 1. Entity Name THE ORCHARD, PHASE II, HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business PO BOX 211343 SOUTH DAYTONA, FL 32121-1343 US			Mailing Address PO BOX 211343 SOUTH DAYTONA, FL 32121-1343 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3262584	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BACHI, CAROL 141 BRYAN CAVE ROAD SOUTH DAYTONA, FL 32119				7. Name and Address of New Registered Agent Name TERRY BACHI Street Address (P.O. Box Number is Not Acceptable) 141 BRYAN CAVE ROAD City SOUTH DAYTONA FL Zip Code 32119	
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					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MEADOWS, KAREN 3 OLD SUNBEAM DR SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CREGGAR, WADE 42 OLD SUNBEAM DR. SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BACH, CAROL 141 BAYAN CAVE. RD. SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROGERS, CAROL 145 BAYAN CANE RD. SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BACH, TERRY 141 BRYAN CAVE RD SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JACKIE 18 OLD SUNBEAM DR DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWS, KAREN 3 OLD SUNBEAM DR. SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA LANGDON 10 OLD SUNBEAM DR. SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DW CHRISTINE DOWNS 46 OLD SUNBEAM DR. SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUTH FREEMAN 1166 BRYAN CAVE RD SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BACHI, TERRY 141 BRYAN CAVE RD SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/3/07 Daytime Phone # 386-302-1685					