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Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mattheim
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001358 (0)

1. Corporation Name

THE ORCHARDS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6702 LONE OAK BLVD.
NAPLES FL 339426702 LONE OAK BLVD.
NAPLES FL 34109-68343. Date Incorporated or Qualified
03/15/19943a. Date of Last Report
07/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0475569Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

RUEMLER, TIM
6702 LONE OAK BLVD.
NAPLES FL 33942

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FLUSS, DIANA
STREET ADDRESS 6702 LANE OAK BLVD
CITY - ST - ZIP NAPLES FL ☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE VP
NAME ANDERSON, SCOTT
STREET ADDRESS 6702 LONE OAK BLVD
CITY - ST - ZIP NAPLES FL ☒ DELETE2.1 TITLE VP
2.2 NAME TIM SCARSELLA
2.3 STREET ADDRESS 6702 LONE OAK BLVD.
2.4 CITY - ST - ZIP NAPLES, FL 34109 ☒ Change ☐ AdditionTITLE ST
NAME MAYS, KEVIN
STREET ADDRESS 6702 LONE OAK BLVD
CITY - ST - ZIP NAPLES FL ☒ DELETE3.1 TITLE ST
3.2 NAME MIKE MCLEOD
3.3 STREET ADDRESS 6702 LONE OAK BLVD.
3.4 CITY - ST - ZIP NAPLES, FL 34109 ☒ Change ☐ AdditionTITLE D
NAME MORGAN, TOM
STREET ADDRESS 100 VINYARDS BLVD
CITY - ST - ZIP NAPLES FL ☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE D
NAME CRMAN, TOM
STREET ADDRESS 100 VINYARDS BLVD
CITY - ST - ZIP NAPLES FL ☐ DELETE5.1 TITLE D
5.2 NAME TOM CRMAN
5.3 STREET ADDRESS 100 VINEYARDS BLVD.
5.4 CITY - ST - ZIP NAPLES, FL 34109 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do 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 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:

DIANA M. FLUSS

1/20/97

941-598-4115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0059601

CR2E037 (9/96)