


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90150 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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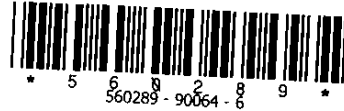
DOCUMENT # *N9400001358*

1. Corporation Name

Orchards Community Assoc., Inc.

DOCUMENT - 1

Principal Place of Business <i>2640 Golden Gate Pkwy. #114 Naples, FL 34105</i>	Mailing Address <i>2640 Golden Gate Pkwy. #114 Naples, FL 34105</i>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	28 Zip	29 Country
23		28		30	
24		25		29	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<i>Mr. Dennis Mitchell - President 7709 Gardner Drive #203 Naples, FL 34109</i>			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <i>FL</i> 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

Dennis Mitchell

(NOTE: Registered Agent signature required when reissuing)

5/20/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>President</i>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dennis Mitchell</i>	1.2 NAME	
STREET ADDRESS	<i>7709 Gardner Drive #203</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Naples, FL 34109</i>	1.4 CITY-ST-ZIP	
TITLE	<i>Vice President</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dan Michels</i>	2.2 NAME	
STREET ADDRESS	<i>7689 Citrus Hill Lane</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Naples, FL 34109</i>	2.4 CITY-ST-ZIP	
TITLE	<i>Secretary</i>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Kelly Corsica</i>	3.2 NAME	
STREET ADDRESS	<i>7406 Gardner Drive</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Naples, FL 34109</i>	3.4 CITY-ST-ZIP	
TITLE	<i>Treasurer</i>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Andrew Ruperman</i>	4.2 NAME	
STREET ADDRESS	<i>7876 Gardner Drive</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Naples, FL 34109</i>	4.4 CITY-ST-ZIP	
TITLE	<i>Director</i>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Scott Frasher</i>	5.2 NAME	
STREET ADDRESS	<i>7657 Citrus Hill Lane</i>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Naples, FL 34109</i>	5.4 CITY-ST-ZIP	
TITLE	<i>Director</i>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Jim Champa</i>	6.2 NAME	
STREET ADDRESS	<i>7609 Citrus Hill Lane</i>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Naples, FL 34109</i>	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-21-99 (941) 649 5526

CR2E037 (11/98)