

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001358

1. Entity Name

THE ORCHARDS COMMUNITY ASSOCIATION, INC.

**FILED**  
Mar 06, 2001 8:00 am  
Secretary of State

03-06-2001 90015 026 \*\*\*\*61.25

Principal Place of Business

2640 GOLDEN GATE PKWY  
STE 114  
NAPLES FL 34105  
US

Mailing Address

2640 GOLDEN GATE PKWY  
STE 114  
NAPLES FL 34105  
US

927275



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2685 S. Horseshoe Dr

Suite, Apt. #, etc.

Suite #215

City & State

Naples Florida

Zip

34104

Country

Collier

3. Mailing Address

2685 S. Horseshoe Dr

Suite, Apt. #, etc.

Suite #215

City & State

Naples Florida

Zip

34104

Country

Collier

4. FEI Number

65-0475569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MICHELS, DAN  
7689 CITRUS HILL  
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MICHELS, DAN	
STREET ADDRESS	7689 CITRUS HILL LANE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CORSICA, KELLY	
STREET ADDRESS	7900 GARDNER DRIVE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	T	<input type="checkbox"/> Delete
NAME	KUPERMAN, ANDREW	
STREET ADDRESS	7876 GARDNER DRIVE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRASHER, SCOTT	
STREET ADDRESS	7657 CITRUS HILL LANE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMPA, JIM	
STREET ADDRESS	7609 CITRUS HILL LANE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	Marc Miller	
STREET ADDRESS	7704 Citrus Hill	
CITY-ST-ZIP	Naples Florida 34109	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Poligen	
STREET ADDRESS	7729 Groves Road	
CITY-ST-ZIP	Naples Florida 34109	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Carman	
STREET ADDRESS	7685 Citrus Hill Lane	
CITY-ST-ZIP	Naples Florida 34109	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marc Miller	
STREET ADDRESS	7704 Citrus Hill	
CITY-ST-ZIP	Naples, Florida 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 the other filing provided.

SIGNATURE:

Signature Required

2/27/01

Daytime Phone #

CR2E037 (10/00)