2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 29, 2002 8:00 am
Secretary of State
04-23-2002 90340 046 ****61.25

DOCUMENT # N94000001358

1. Entity Name

THE ORCHARDS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2685 S. HORSESHOE DR. STE #215 NAPLES FL 34104 US	2685 S. HORSESHOE DR. STE #215 NAPLES FL 34104 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
MICHELS, DAN 7689 CITRUS HILL NAPLES FL 34109	Name LESLIE CARMON Street Address (P.O. Box Number is Not Acceptable) 7685 CITRUS HILL LANE City NAPLES FL Zip Code 34109

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MICHELE, DAN 7689 CITRUS HILL LANE NAPLES FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/D LESLIE CARMON 7685 Citrus Hill Lane NAPLES, FL 34109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POVLSEN, PAUL 7729 GROVES ROAD NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/D PAUL POVLSEN 7729 GROVES ROAD NAPLES, FL 34109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KUPERMAN, ANDREW 7676 GARDNER DRIVE NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR/D TED FELBER 7644 CITRUS HILL LANE NAPLES, FL 34109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRASHER, SCOTT 7657 CITRUS HILL LANE NAPLES FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR THERESA MITCHELL 7786 GARDNER DRIVE #203 NAPLES, FL 34109	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMPA, JIM 7609 CITRUS HILL LANE NAPLES FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARMAN, LESLIE 7685 CITRUS HILL LANE NAPLES FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT/D TONY LEPORE 7715 GROVES ROAD NAPLES FL	☐ Change ☒ Addition

CR2E037 (9/01)

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #