

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001358

FILED
Apr 30, 2010
Secretary of State

Entity Name: THE ORCHARDS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

THE ORCHARDS
6700 LONE OAK BLVD
NAPLES, FL 34109 US

New Principal Place of Business:

C/O AMERICAN PROPERTY MANAGEMENT
4280 TAMiami TRAIL EAST #204
NAPLES, FL 34112 US

Current Mailing Address:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109 US

New Mailing Address:

C/O AMERICAN PROPERTY MANAGEMENT
4280 TAMiami TRAIL EAST #204
NAPLES, FL 34112 US

FEI Number: 65-0475569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

AMERICAN PROPERTY MANAGEMENT
4280 TAMiami TRAIL EAST
204
NAPLES, FL 34112 US

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: ORLANDO M. ORTIZ

04/30/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: KIPYBIDA, MARTHA
Address: 7912 GARDNER DRIVE
City-St-Zip: NAPLES, FL 34109

Title: VP/S
Name: NOBLE, DOTTIE
Address: 7533 CITRUS HILL LANE
City-St-Zip: NAPLES, FL 34109

Title: T
Name: CARABBA, CHICK(ARCHIE)
Address: 7533 CITRUS HILL LANE
City-St-Zip: NAPLES, FL 34109

Title: D
Name: RAELLER, CRAIG
Address: 7670 GROVES RD
City-St-Zip: NAPLES, FL 34109

Title: D
Name: PLOCHARCZYK, JOHN
Address: 7679 GROVES ROAD
City-St-Zip: NAPLES, FL 34109

Title: P
Name: PASCENTE, BOB
Address: 7699 GROVES ROAD
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BOB PASCENTE

P

04/30/2010

Electronic Signature of Signing Officer or Director

Date