

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90122 029 \*\*\*\*61.25

**DOCUMENT # N94000001358**

1. Entity Name

**THE ORCHARDS COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

**2685 S. HORSESHOE DR.  
STE #215  
NAPLES FL 34104  
US**

Mailing Address

**2685 S. HORSESHOE DR.  
STE #215  
NAPLES FL 34104  
US**

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

**CARMON, LESLIE  
7685 CITRUS HILL LANE  
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name **Robert Rosenow**

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

**C/O Resort Management**

**2685 Horseshoe Dr. S #215**

City

**Naples**

FL

Zip Code

**34104**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert Rosenow*

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**April 03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>CARMON, LESLIE<br/>7685 CITRUS HILL LANE<br/>NAPLES FL 34109</b>     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>POVLSEN, PAUL<br/>7729 GROVES ROAD<br/>NAPLES FL 34109</b>           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>KUPERMAN, ANDREW<br/>7876 GARDNER DRIVE<br/>NAPLES FL 34109</b>       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>FELBER, TED<br/>7644 CITRUS HILL LANE<br/>NAPLES FL 34109</b>         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MITCHELL, THERESA<br/>7786 GARDENS DRIVE #203<br/>NAPLES FL 34109</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPD<br/>LEPORE, TONY<br/>7715 GROVES ROAD<br/>NAPLES FL 34109</b>           | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>Plochaczek, John<br/>7679 Groves Rd<br/>Naples, FL 34109</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>Povlsen, Paul<br/>7729 Groves Rd<br/>Naples, FL 34109</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>Nix, Beau<br/>7653 Citrus Hill Ln<br/>Naples, FL 34109</b>             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>Haberkern, Joe<br/>7610 Citrus Hill Ln<br/>Naples, FL 34109</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>Mitchell, Teresa<br/>7709 Gardner Dr. #203<br/>Naples, FL 34109</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>Troiano, Christopher<br/>7509 Citrus Hill Ln<br/>Naples, FL 34109</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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**

**4-1-03**

**239-572.1283**

CR2E037 (10/02)