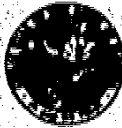


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001359 (8)**
1. Corporation Name
THE ORCHARDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
6702 LONE OAK BLVD. NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/15/1994	3a. Date of Last Report
4. FEI Number 65-0475573	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent
FUEMLER, TIM
6702 LONE OAK BLVD.
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name **FUEMLER, TIM**
82 Street Address (P.O. Box Number Not Acceptable) **6702 LONE OAK BLVD**
83 **NAPLES, FL 33942**
84 City
85 Zip Code **FL 33942**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MAYS, KEVIN
STREET ADDRESS	6702 LONE OAK BLVD.
CITY-ST-ZIP	NAPLES FL 33942
TITLE	VD
NAME	FUEMLER, TIM
STREET ADDRESS	6702 LONE OAK BLVD.
CITY-ST-ZIP	NAPLES FL 33942
TITLE	TD
NAME	MCLEOD, MIKE
STREET ADDRESS	6702 LONE OAK BLVD.
CITY-ST-ZIP	NAPLES FL 33942
TITLE	S
NAME	FLISS, DIANA
STREET ADDRESS	6702 LONE OAK BLVD.
CITY-ST-ZIP	NAPLES FL 33942
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WEIGWERT, TOM
2.3 STREET ADDRESS	6702 LONE OAK BLVD
2.4 CITY-ST-ZIP	NAPLES, FL 33942
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FLISS, DIANA
3.3 STREET ADDRESS	6702 LONE OAK BLVD
3.4 CITY-ST-ZIP	NAPLES, FL 33942
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ATKINS, CHRIS
4.3 STREET ADDRESS	6702 LONE OAK BLVD
4.4 CITY-ST-ZIP	NAPLES, FL 33942
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ASD JONES, MIKE
5.3 STREET ADDRESS	6702 LONE OAK BLVD
5.4 CITY-ST-ZIP	NAPLES, FL 33942
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: _____ Date **4.19.95** Daytime Phone # **813.598.4145**