

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001359

1. Entity Name

THE ORCHARDS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90108 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~670 THE CONTINENTAL GROUP~~  
~~2291 J+C BLVD.~~  
~~NAPLES FL 34109~~  
~~US~~

~~670 THE CONTINENTAL GROUP~~  
~~2291 J+C BLVD.~~  
~~NAPLES FL 34109~~  
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Sunburst Mgmt.

Suite, Apt. #, etc.  
 P.O. Box 110339

City & State  
 Naples, FL.

Zip  
 34108

Country  
 US

3. Mailing Address

c/o Sunburst Mgmt. Corp.

Suite, Apt. #, etc.  
 P.O. Box 110339

City & State  
 Naples, FL.

Zip  
 34108

Country  
 US

4. FEI Number

65-0475573

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~SCOTT, BRADY~~  
~~2291 J+C BLVD.~~  
~~NAPLES FL 34109~~

7. Name and Address of New Registered Agent

Name: Beverly Kueter  
 Street Address (P.O. Box Number is Not Acceptable): Sunburst Mgmt. Corp., 2073 J+C BLVD.  
 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: *Beverly Kueter* Beverly Kueter 4/25/00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	BUXTON, REG	7816 GARDNER #203	NAPLES FL 34109	<input type="checkbox"/>
D	KELLER, LAWRENCE	7732 GARDNER #203	NAPLES FL 34109	<input type="checkbox"/>
<del>TD</del>	<del>KIDWELL, LAMAR</del>	<del>7744 GARDNER #102</del>	<del>NAPLES FL 34109</del>	<input checked="" type="checkbox"/>
<del>D</del>	<del>WILEY, JIM</del>	<del>7717 GARDNER DR #201</del>	<del>NAPLES FL 34109</del>	<input checked="" type="checkbox"/>
<del>PD</del>	<del>RAMOS, JOHN</del>	<del>7702 GARDNER DR #202</del>	<del>NAPLES FL 34109</del>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D, P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D, T				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D, VP	Beaudry, Bob	7786 GARDNER DR. #202	NAPLES, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D, S	Speed, Bill	7717 GARDNER DR. #101	NAPLES, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Hungerford, S.R.	7834 GARDNER DR. # 202	NAPLES, FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Reg Buxton* Reg Buxton 4/17/00 941-591-2040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)