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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

N97000002295

CALVERY LYONS

FILED May 01 1998 8:00am Secretary of State

ORBVE	At, Blond, Inc.							
Principal Plac	ce of Business	Mailing Address						
201 Plantation Club Drive, #506								
Melbourne, FL 32940						ate Incorporated or Qualified 04/23/1997		
					4. FI	El Number		Applied For
					ŀ			lot Applicable
2. Principal F	Place of Business Villow Tree Drive	2a. Mailing Address				authorized District District	□ \$8.75	Additional
21 461 W	120			rive	8. 0	ertificate of Status Desired	_	Required
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. E	ection Campaign Financing	\$5.00	May Be
27					Tr	ust Fund Contribution		to Fees
City & Stat		City & State	·			this nonprofit corporation a ho	meowne rs a ssociati	on?
	Melbourne, FL 28 Melbourne, FL			☐ Yes █¥No				
Zip 32940			Cour	. This corporation owes of his paid the current year intangible				
24 32940			30			ersonal Property Tax due June		No No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent								
James M. O bilen, Esq.					,			
1686 West Hibiscus Boulevard					t Address (P.O.	Box Number is Not Acceptable	le)	
Melbourne, FL 32901								
			ľ'	33				
			[7	Gily		· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
44 Durament	to the provisions of Sections C17 Ot 60	and 017 4500 Florida Otal	4 4			h = 14. 4L :	FL 00 2	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. 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 617.0503, Florida Statutes.								
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE	Signature, typed or printed currie of registered agent	and the description (NO	TC First-t	A I	re required when rein		DATE	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	egent signatul		DITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D	☐ DELETE	1.1 TITL	 E	1	5.110/0/11/11/d26 10 011/0	Change	Addition
NAME	III III.			- 1E				
A A A A A A A A A A A A A A A A A A A				EET ADDRESS				ŀ
CITY - ST - ZIP				-S1-7IP				
TITLE			2.1 TITL	···	 		☐ Change	Addition
NAME	1 =		2.2 NAM	IE.			_	
STREET ADDRESS	•			ET ADDRESS				
CITY-ST-ZIP	14 11 TT 000/0			Y-ST-ZIP	•			
TITLE	D DELETE 3.1 TI			<u> </u>			☐ Change	Addition
NAME	CARPER, BRETT A. 32 N.			E				
STREET ADDRESS				ET ADDRESS				
CITY-\$T-ZIP	Melbourne, FL 32940		3.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLI				☐ Change	☐ Addition
NAME			4. 2 NAN	1E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				1
CITY-ST-ZIP			4.4 C/TY	- ST- ZIP				
TITLE		☐ DELETE	5 1 TITLE				☐ Change	Addition
NAME			5.2 NAM	£				プラ
STREET ADDRESS			5.3 STRE	ET ADDRESS	1			E. I
CITY-ST-ZIP			5.4 CITY	- S1 - ZIP				<u></u>
TITLE		☐ DELETE	6.1 TITLE		i		☐ Change	Addition
NAME			6.2 NAM	E		วดกกก25	08742	
STREET ADDRESS			6.3 STRE	E1 ADDRESS		-05/04/980	1012026	
CITY-ST-ZIP	estify that the information evapling will	Abdo (Standard Comment)	64 C/TY	ST-ZIP	L	2000025 -05/04/980		

r nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)). 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 Irustee 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.

Michael Lyons, Director, 4/24/98 (407)568-0216