

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90259 040 ****61.25

DOCUMENT # N99000001906

1. Entity Name

OLD ORCHID HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3300 PGA BLVD., SUITE 550
 GARDENS PLAZA
 PALM BEACH GARDENS FL 33410

Mailing Address

3300 PGA BLVD., SUITE 550
 GARDENS PLAZA
 PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 93rd St.

3. Mailing Address

60 CAMCO SERVICES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5135 US Highway 1

City & State

VERO BEACH FL

City & State

VERO BEACH

4. FEI Num

65-1082416

Applied For

Not Applicable

Zip

32963

Country

USA

Zip

32967

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANNING, JON H
 3300 PGA BLVD., SUITE 550
 GARDENS PLAZA
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name: Paul Palestrini
 Street Address (P.O. Box Number is Not Acceptable): 60 CAMCO SERVICES INC
 5135 US Highway 1
 City: Vero Beach FL Zip Code: 32967

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Paul Palestrini, Paul Palestrini 3/26/01

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	DPVS CHANNING, JOEL 3300 PGA BLVD., SUITE 550, GARDENS PLAZA PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANNING, JON 3300 PGA BLVD., SUITE 550, GARDENS PLAZA PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT PITTS, LYNN 3300 PGA BLVD., SUITE 550, GARDENS PLAZA PALM BEACH GARDENS FL 33410 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP Channing, Joel 5520 PGA Blvd Suite 200 Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV Channing, Jon 5520 PGA Blvd Suite 200 Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS Alvarez, Jorge 5520 PGA Blvd Suite 200 Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 applicable. Attachment with an address, with all other files empowered.

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01 (561)630-8630
 Date Daytime Phone #

CR2E037 (10/00)