


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90737 045 \*\*\*\*61.25

**DOCUMENT # N99000001906**

1. Entity Name  
 OLD ORCHID HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
 5135 HWY US 1  
 VERO BEACH, FL 32967

Mailing Address  
 C/O CAMCO SERVICES  
 5135 US HIGHWAY 1  
 VERO BEACH, FL 32967

**54048505**



2. Principal Place of Business  
 100 VISTA ROYALE  
 Suite, Apt. #, etc.  
 BLVD

3. Mailing Address  
 100 VISTA ROYALE  
 Suite, Apt. #, etc.  
 BLVD

04212004 Chg-NP CR2E037 (10/03)

City & State  
 VERO BEACH FL

City & State  
 VERO BEACH FL

Zip  
 32962

Country  
 USA

Zip  
 32962

Country  
 USA

4. FEI Number  
 65-1082416

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PALESTRINI, PAUL  
 5135 HWY US 1  
 5135 US HIGHWAY 1  
 VERO BEACH, FL 32967

7. Name and Address of New Registered Agent  
 Name  
 SPENCER M. SAX  
 Street Address (P.O. Box Number is Not Acceptable)  
 301 YAMATO RD, SUITE 4150  
 City  
 BOCA RATON FL Zip Code  
 33431

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 Spencer Sax, Registered Agent DATE 4/27/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	CHANNING, JOEL	5520 PGA BLVD STE 200	WEST PALM BEACH, FL 33418	<input type="checkbox"/>
DV	CHANNING, JON	5520 PGA BLVD STE 200	WEST PALM BEACH, FL 33418	<input type="checkbox"/>
DS	ALVAREZ, JORGE	5520 PGA BLVD STE 200	WEST PALM BEACH, FL 33418	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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: Jorge Alvarez DATE 4/27/04 DAYTIME PHONE # 561-630-8630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR