


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90291 020 ****61.25

DOCUMENT # N99000001906

1. Entity Name
 OLD ORCHID HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 100 VISTA ROYALE BLVD
 VERO BEACH, FL 32962

Mailing Address -
 100 VISTA ROYALE BLVD
 5135 US HIGHWAY 1
 VERO BEACH, FL 32962

60028207



2. Principal Place of Business
 835 20th Place
 Suite, Apt. #, etc.

3. Mailing Address
 835 20th Place
 Suite, Apt. #, etc.

03302006 Chg-NP CR2E037 (11/05)

City & State
 Vero Beach FL

City & State
 Vero Beach FL

Zip
 32960

Country
 Indian River

Zip
 32960

Country
 Indian River

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

SAX, SPENCER M
 301 YAMATO RD
 SUITE 4150
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
 Karen L. Merrill

Street Address (P.O. Box Number is Not Acceptable)
 835 20th Place

City
 Vero Beach FL

Zip Code
 32960

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: *Karen L Merrill*

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

Filing Fee is \$61.25 Due by May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHANNING, JOEL 5520 PGA BLVD STE 200 WEST PALM BEACH, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Ralph Bahr 9515 West Maiden Court Vero Beach FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHANNING, JON 5520 PGA BLVD STE 200 WEST PALM BEACH, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carol B. Haight 9385 East Maiden Court Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALVAREZ, JORGE 552 PGA BLVD STE 200 WEST PALM BEACH, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Ed Dwyer 9485 East Maiden Court Vero Beach FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Ray Gosnell 9585 East Maiden Court Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Leon McDowell 9485 East Maiden Court Vero Beach FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: *Ralph B Bahr* Date: *4/13/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #