


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90093 035 ****61.25

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| DOCUMENT # N99000001906 | |  | |
| 1. Entity Name OLD ORCHID HOMEOWNERS ASSOCIATION, INC. | | | |
| Principal Place of Business 835 20TH PL VERO BEACH, FL 32960 | | Mailing Address 835 20TH PL VERO BEACH, FL 32960 | |
| 2. Principal Place of Business - No P.O. Box # 3885-20th Street | | 3. Mailing Address P.O. Box 1617 | |
| Suite, Apt. #, etc. 202 | | Suite, Apt. #, etc. | |
| City & State Vero Beach, FL | | City & State Vero Beach, FL | |
| Zip 32960 | | Zip 32961 | |
| Country USA | | Country USA | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MERRILL, KAREN L 835 20TH PL VERO BEACH, FL 32960 | | Name: Island House Mgmt/Charity Grune II Street Address (P.O. Box Number is Not Acceptable): 3885-20th Street, Suite 202 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: <u>Charity Grune</u> | | DATE: 5/1/07 | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P BAHR, RALPH 9515 W MAIDEN CT VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HAIGHT, CAROL B 9385 E MAIDEN CT VERO BEACH, FL 32963 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HAIGHT, CAROL B. 9385 E MAIDEN CT. VERO BEACH, FL. 32963. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Dwyer, ED 9425 E MAIDEN CT VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MCDOWELL, LEON. 9485 EAST MAIDEN CT. VERO BEACH, FL. 32963 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GASNELL, RAY 9585 E MAIDEN CT VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAINER, JACK 9415 EAST MAIDEN CT. VERO BEACH, FL. 32963. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCDOWELL, LEON 9485 E MAIDEN CT VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GEORGE LUMENTI 9485 EAST MAIDEN COURT VERO BEACH, FL. 32963. |
| 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: <u>Carol B. Haight, Pres.</u> | | Date: 5/9/07 Daytime Phone #: 564-8212 | |

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03292007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1082416 Applied For Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE