2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001906

FILED May 07, 2009 Secretary of State

Entity Name: OLD ORCHID HOMEOWNERS ASSOCIATION, INC.

	Principal Place of Business:	New Principal Place of Business:
885 20TI 202	H STREET	
	EACH, FL 32960	
Current M	Mailing Address:	New Mailing Address:
PO BOX [,] /ERO BE	1617 EACH, FL 32961	
n accordai	r: 65-1082416 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation d d Address of Current Registered Agent	id not receive the prior notice.
		Name and Address of New Registered Agent.
SLAND F 8885 20TI	.L, CHARITY HOUSE MGMT H STREET STE 202 EACH, FL 32960 US	
	e named entity submits this statement for t te of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU	IRE:	
	Electronic Signature of Registered	Agent Date
FFICER	RS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
		ADDITIONS OF AND DIRECTOR
itle: lame: ddress: city-St-Zip:	P () Delete UTTRIDGE, ED 9530 WEST MADIEN COURT VERO BEACH, FL 32963	Title: () Change () Addition Name: Address: City-St-Zip:
ame: ddress: ity-St-Zip: itle: lame: ddress:	UTTRIDGE, ED 9530 WEST MADIEN COURT VERO BEACH, FL 32963 V () Delete GOSNELL, RAYMOND H 9585 EAST MADIEN COURT	Title: () Change () Addition Name: Address:
ame: ddress: itly-St-Zip: itle: lame: ddress: itty-St-Zip: itle: lame: ddress:	UTTRIDGE, ED 9530 WEST MADIEN COURT VERO BEACH, FL 32963 V () Delete GOSNELL, RAYMOND H 9585 EAST MADIEN COURT VERO BEACH, FL 32963 S () Delete DOUGLAS, ARTHUR 9595 WEST MAIDEN COURT	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
lame: .ddress:	UTTRIDGE, ED 9530 WEST MADIEN COURT VERO BEACH, FL 32963 V () Delete GOSNELL, RAYMOND H 9585 EAST MADIEN COURT VERO BEACH, FL 32963 S () Delete DOUGLAS, ARTHUR 9595 WEST MAIDEN COURT VERO BEACH, FL 32963 T () Delete CARR, ED 9570 WEST MADIEN COURT	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO UTTRIDGE P 05/07/2009