

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90128 018 ****61.25

DOCUMENT # N99000001906

1. Entity Name
OLD ORCHID HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2100 93RD STREET
VERO BEACH FL 32963**

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



2. Principal Place of Business
5135 Hwy US 1

Suite, Apt. #, etc.

3. Mailing Address
C/O SLM Services Inc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
VERO BEACH FL

City & State
VERO BEACH FL

Zip
32967 Country
Indian Riv

Zip
32967 Country
Ind. Riv.

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
C/O CAMCO SERVICES INC
5135 US HIGHWAY 1
VERO BEACH FL 32967**

7. Name and Address of New Registered Agent
Name: **Paul Palestrini C/O SLM SERVICES INC**
Street Address (P.O. Box Number is Not Acceptable): **5135 Hwy U.S. 1**
City: **VERO BEACH 1** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Paul Palestrini* DATE: **1-08-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	DP CHANNING, JOEL 5520 PGA BLVD STE 200 WEST PALM BEACH FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHANNING, JON 5520 PGA BLVD STE 200 WEST PALM BEACH FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALVAREZ, JORGE 552 PGA BLVD STE 200 WEST PALM BEACH FL 33418 <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
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	<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
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* DATE: **1-08-02 772-7706487**

CR2E037 (10/02)