

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000126638

1. Entity Name
ORLINSKY REAL ESTATE, INC.



Principal Place of Business
4298 NW 65TH PLACE
BOCA RATON, FL 33496

Mailing Address
C/O BERNGARD & ASSOCIATES, INC
6421 CONGRESS AVENUE, SUITE 100
BOCA RATON, FL 33487



05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4226359

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERNGARD, GLEN A
6421 CONGRESS AVENUE
SUITE 100
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ORLINSKY, LYNN
4298 NW 65TH PLACE
BOCA RATON, FL 33496

TITLE
NAME
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05/16/05-80005-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05

Date

561-241-7041

Daytime Phone #