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FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000080517 (3)**

1. Corporation Name

ORCHID ISLAND PROPERTIES, INC.

Principal Place of Business

Mailing Address

**3125 WINDSOR BLVD
VERO BEACH FL**

**3125 WINDSOR BLVD
VERO BEACH FL 32963-9430**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

b. Name and Address of Current Registered Agent

**QUINN, JEROME D
3111 CARDINAL DR
VERO BEACH FL 32963**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date incorporated or Qualified

11/02/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0530475

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	WESTON, W GALEN	
STREET ADDRESS	22 ST CLAIR AVE E SUITE 1901	
CITY- ST- ZIP	TORONTO ONTARIO CANADA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DART, ROBERT J	
STREET ADDRESS	22 ST CLAIR AVE E SUITE 2001	
CITY- ST- ZIP	TORONTO ONTARIO CANADA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, THOMAS	
STREET ADDRESS	3125 WINDSOR BLVD.	
CITY- ST- ZIP	VERO BEACH FL 32963	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MATTE, MICHAEL	
STREET ADDRESS	3125 WINDSOR BLVD.	
CITY- ST- ZIP	VERO BEACH FL 32963	
TITLE	S	<input type="checkbox"/> DELETE
NAME	QUINN, JEROME D	
STREET ADDRESS	3111 CARDINAL DRIVE	
CITY- ST- ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VT
4.3 STREET ADDRESS	MIKESH, LINDA A.
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	BURNETT, ROBERT
6.4 CITY- ST- ZIP	3125 WINDSOR BLVD VERO BEACH FL 32963

14. I do 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 annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0108720

CR2E034 (9/96)