

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001399

FILED
Apr 16, 2004
Secretary of State**Entity Name:** ORCHARD PARK PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**242 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US**New Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**Current Mailing Address:**C/O MID-FLORIDA MANAGEMENT
5025 S US HWY 17-92
CASSELBERRY, FL 32707 US**New Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**FEI Number:** 59-3705844**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPARE, WILLIAM C CAM
C/O MID-FLORIDA MANAGEMENT
5025 SOUTH U S HWY 17-92
CASSELBERRY, FL 32707**Name and Address of New Registered Agent:**HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

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.

SIGNATURE: JAMES W HART JR

04/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VD () Delete
Name: PARIS, JASON P
Address: 242 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714**Title:** PTD () Delete
Name: SANDERS, KYLE A
Address: 242 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714**Title:** SD () Delete
Name: LYNCH, PAMELA K
Address: 242 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VPD (X) Change () Addition
Name: PARIS, JASON P
Address: 242 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714**Title:** PD (X) Change () Addition
Name: SANDERS, KYLE A
Address: 242 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KYLE A SANDERS

PD

04/16/2004

Electronic Signature of Signing Officer or Director

Date