2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001399

FILED Apr 22, 2008 Secretary of State

Entity Name: ORCHARD PARK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

107 N LINE DR

APOPKA, FL 32703 US

Current Mailing Address: New Mailing Address:

107 N LINE DR

APOPKA, FL 32703 US

FEI Number: 59-3705844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUTHERLAND, THERESA S 107 N LINE DR

107 N LINE DR APOPKA, FL 32703 APOPKA, FL 32703 US 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: THERESA D SUTHERLAND 04/22/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SUTHERLAND, THERESA D

(X) Change () Addition () Delete INKLEBARGER, STACEY INKLEBARGER, STACEY Name: Name: 2607 PLUMBERRY AVE Address: 2607 PLUMBERRY AVE Address:

City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761 US

(X) Change () Addition Title: () Delete Title: MCGEE, JENNIFER Name: EISINGER, STEVE Name:

Address: 2658 PLUMBERRY AVE Address: 1898 POMEGRANATE CT. City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761 US

Title: STD () Delete Title: STD (X) Change () Addition

EISINGER, STEVER Name: FEDRICK, ERIC Name: 1898 POMEGRANATE CT 1837 HONEYDEW CT. Address: Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761 US

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: STACEY INKLEBARGER PD 04/22/2008