

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715242

**FILED**  
**Apr 14, 2017**  
**Secretary of State**  
**CC5168286021**

**Entity Name:** THE ORLEANS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMIAMI TRAIL NORTH SUITE 402  
NAPLES, FL 34103

**Current Mailing Address:**

C/O CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMIAMI TRAIL NORTH SUITE 402  
NAPLES, FL 34103 US

**FEI Number:** 59-1218167

**Certificate of Status Desired:** No

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

CAMBRIDGE PROPERTY MANAGEMENT  
CAMBRIDGE MANAGEMENT OF SWFL  
2335 TAMIAMI TRAIL N. #402  
NAPLES, FL 34103 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 MEADE

04/14/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SHARKEY, PETE  
Address C/O CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMIAMI TRAIL NORTH SUITE 402  
City-State-Zip: NAPLES FL 34103

Title TREASURER  
Name FERENCZI, STEVE  
Address C/O CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMIAMI TRAIL NORTH SUITE 402  
City-State-Zip: NAPLES FL 34103

Title PRESIDENT  
Name MONOSTORY, ZSOLT  
Address C/O CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMIAMI TRAIL NORTH SUITE 402  
City-State-Zip: NAPLES FL 34103

Title DIRECTOR  
Name HAMILTON, MYRNA  
Address C/O CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMIAMI TRAIL NORTH SUITE 402  
City-State-Zip: NAPLES FL 34103

Title SECRETARY  
Name MACHI, MICHAEL  
Address C/O CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMIAMI TRAIL NORTH SUITE 402  
City-State-Zip: NAPLES FL 34103

*I hereby 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 all other like empowered.*

**SIGNATURE:** ZSOLT MONOSTORY

PRESIDENT

04/14/2017

Electronic Signature of Signing Officer/Director Detail

Date