### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 715242

Entity Name: THE ORLEANS ASSOCIATION, INC.

## **Current Principal Place of Business:**

C/O BALANCED BOOKS OF SW FLORIDA 1807 J AND C BOULEVARD NAPLES, FL 34109

## **Current Mailing Address:**

THE ORLEANS PO BOX 9042 NAPLES, FL 34101 US

# FEI Number: 59-1218167

### Name and Address of Current Registered Agent:

VAZQUEZ, JANE N C/O BALANCED BOOKS OF SW FLORIDA 1807 J AND C BOULEVARD NAPLES, FL 34109 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	E: JANE N VAZQUEZ			03/29/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DP	Title	SECRETARY	
Name	SHARKEY, PETE	Name	ERDMANN, LEE	
Address	383 HARBOUR DR. #107	Address	383 HARBOUR DRIVE #105	
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103	
Title	TREASURER	Title	DVP	
Name	LENTO, NICK	Name	DVORAK, LINDA	
Address	383 HARBOUR DR. #108	Address	383 HARBOUR DR. #302	
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103	
Title	DIRECTOR			
Name	MONOSTORY, ZSOLT			
Address	383 HARBOUR DRIVE #111			
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.

PRESIDENT

# SIGNATURE: PETER SHARKEY

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

03/29/2021 Date