## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 715242** 

Entity Name: THE ORLEANS ASSOCIATION, INC.

**FILED** Apr 28, 2018 **Secretary of State** CC1618814587

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

C/O SUNBURST MANAGEMENT CORP 2675 HORSESHORE DR. S. #401 NAPLES, FL 34104

## **Current Mailing Address:**

C/O SUNBURST MANAGEMENT CORP 2675 HORSESHOE DR. S. #401 NAPLES, FL 34104 US

FEI Number: 59-1218167 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SUNBURST MANAGEMENT CORP SUNBURST MANAGEMENT CORP 2675 HORSESHOE DR. S. #401 NAPLES, FL 34104 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: BEVERLY KUETER 04/28/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **PRESIDENT** 

SHARKEY, PETE Name Name MONOSTORY, ZSOLT

383 HARBOUR DR. 383 HARBOUR DRIVE Address Address #107 #111

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

Title **SECRETARY** Title **TREASURER** Name MACHI, MICHAEL Name LENTO, NICK

Address 383 HARBOUR DRIVE Address 383 HARBOUR DR.

#209 #108

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

Title **DIRECTOR** 

DVORAK, LINDA Name

383 HARBOUR DR. Address

#302

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.

Electronic Signature of Signing Officer/Director Detail