2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715242

Entity Name: THE ORLEANS ASSOCIATION, INC.

FILED Apr 28, 2019 **Secretary of State** 7857506241CC

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 04/28/2019

> Date Electronic Signature of Registered Agent

> > Title

Officer/Director Detail:

Title Title D

SHARKEY, PETE Name Name FERENCZI, STEVE 383 HARBOUR DR. 383 HARBOUR DRIVE Address Address

#304 #107

City-State-Zip:

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

Title **SECRETARY TREASURER** Name BOGDASARIAN, RON Name LENTO, NICK

Address 383 HARBOUR DRIVE Address 383 HARBOUR DR.

#108 #311

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

Title DVP

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.

SIGNATURE: PETER SHARKEY **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

04/28/2019

Date