

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715242

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**7928196324CC**

**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

**Certificate of Status Desired:** Yes

**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:** JANE N VAZQUEZ

03/19/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name SHARKEY, PETE  
Address 383 HARBOUR DR.  
#107  
City-State-Zip: NAPLES FL 34103

Title SECRETARY  
Name MACHI, MICHAEL  
Address 383 HARBOUR DRIVE  
#209  
City-State-Zip: NAPLES FL 34103

Title TREASURER  
Name LENTO, NICK  
Address 383 HARBOUR DR.  
#108  
City-State-Zip: NAPLES FL 34103

Title DVP  
Name DVORAK, LINDA  
Address 383 HARBOUR DR.  
#302  
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.*

**SIGNATURE:** PETER SHARKEY

**PRESIDENT**

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date