

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728511

Entity Name: ORCHID SPRINGS VILLAGE, NO. 400, INC.**Current Principal Place of Business:**400 EL CAMINO DRIVE
WINTER HAVEN, FL 33884**Current Mailing Address:**P.O. BOX 400
DUNDEE, FL 33838 US**FEI Number:** 59-2637333**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BOSWELL & DUNLAP LLP
245 SOUTH CENTRAL AVENUE
BARTOW, FL 33830 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:** ROBERT CHILTON

06/01/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SAVAGE, RANDEL
Address 400 EL CAMINO DR
 #104
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name HARTMAN, TOM
Address 400 EL CAMINO DR.
 #106
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name MAHAN, CHARLES
Address 400 EL CAMINO DR.
 #115
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name ALLEN, GEORGE
Address 400 EL CAMINO DR.
 #107
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name BATEMAN, SHIRLEY
Address 400 EL CAMINO DR # 102
City-State-Zip: WINTER HAVEN FL 33884

Title SECRETARY
Name DOUGLAS, CHERIE
Address 400 EL CAMINO DRIVE # 210
City-State-Zip: WINTER HAVEN FL

Title DIRECTOR
Name TOBIAS, CYNTHIA
Address 400 EL CAMINO DR.
 #105
City-State-Zip: WINTER HAVEN FL 33884

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: RANDEL SAVAGE

PRESIDENT

06/01/2020

Electronic Signature of Signing Officer/Director Detail

Date