

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

10500 UNIVERSITY CENTER DR.  
190  
TAMPA, FL 33612 US

**FEI Number:** 59-2637333

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VANGUARD MANAGEMENT GROUP, LLC.  
10500 UNIVERSITY CENTER DR.  
190  
TAMPA, FL 33612 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:** JANET MOYER

11/15/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name TILLSON, PAUL  
Address 10500 UNIVERSITY CENTER DR.  
190  
City-State-Zip: TAMPA FL 33612

Title PRESIDENT  
Name WOOLCOCK, PATRICIA  
Address 10500 UNIVERSITY CENTER DR.  
190  
City-State-Zip: TAMPA FL 33612

Title SECRETARY  
Name TOBIAS, CYNTHIA  
Address 10500 UNIVERSITY CENTER DR.  
190  
City-State-Zip: TAMPA FL 33612

Title TREASURER  
Name KAMMANN, ZENAIDA  
Address 10500 UNIVERSITY CENTER DR.  
190  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name DEDOMINICIS, CURTIS  
Address 10500 UNIVERSITY CENTER DR.  
190  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name ROJAS, OSCAR  
Address 10500 UNIVERSITY CENTER DR.  
190  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name FARNACH, SUZANNE  
Address 10500 UNIVERSITY CENTER DR.  
190  
City-State-Zip: TAMPA FL 33612

*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:** PATRICIA WOOLCOCK

PRESIDENT

11/15/2023

Electronic Signature of Signing Officer/Director Detail

Date