### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001042

Entity Name: ORION CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 17, 2014 **Secretary of State** CC3815658944

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

5901 SUN BLVD. SUITE 103

ST. PETERSBURG, FL 33715

# **Current Mailing Address:**

5901 SUN BLVD. **SUITE 103** 

ST. PETERSBURG, FL 33715 US

FEI Number: 59-1705328 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

RABIN PARKER PA 28163 US HIGHWAY 19 NORTH CLEARWATER, FL 33761 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: BEN RABIN 03/17/2014

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

**PRESIDENT** Title Title **SECRETARY** LINTON, TOM Name Name ELKHOULY, M.H. Address 5901 SUN BLVD. Address 5901 SUN BLVD. SUITE 103

SUITE 103

ST. PETERSBURG FL 33715 ST. PETERSBURG FL 33715 City-State-Zip: City-State-Zip:

Title **TREASURER** Title VΡ

ELKHOULEY, M.H. SOUTHARD, TOM Name Name 5901 SUN BLVD. 5901 SUN BLVD Address Address

> SUITE 103 SUITE 103

ST PETERSBURG FL 33715 City-State-Zip: ST. PETERSBURG FL 33715 City-State-Zip:

Title **DIRECTOR** 

MEADOWS, SALLY Name 5901 SUN BLVD Address

SUITE 103

ST PETERSBURG FL 33715 City-State-Zip:

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.

03/17/2014 SIGNATURE: TOM LINTON **PRESIDENT**