FEI Number: 65-0519997			Certificate of Status Desired: No		
	Name and A	ddress of Current Registered Agent:			
	CORNETT, JAN 759 SW FEDER SUITE 213 STUART, FL 34	AL HIGHWAY	tered office or reais	tered agent or both in the State of Flo	rida
		: JANE CORNETT	j.	, , , , , , , , , , , , , , , , , , ,	02/09/2024
		Electronic Signature of Registered Agent			Date
	Officer/Direc	ctor Detail :			
	Title	SECRETARY	Title	PRESIDENT	
	Name	DUKE, LEE	Name	ELIE, JOE	
	Address	POST OFFICE BOX 705	Address	POST OFFICE BOX 705	
	City-State-Zip:	PALM CITY FL 34991	City-State-Zip:	PALM CITY FL 34991	
	Title	TREASURER	Title	VP	
	Name	TOSCANO, CRISTINA	Name	HOGAN, JACK	
	Address	909 SE CENTRAL PARKWAY	Address	909 SE CENTRAL PARKWAY	
	City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994	
	Title	DIRECTOR			
	Name	SCHINDELER, CURTIS			
	Address	909 SE CENTRAL PARKWAY			
	City-State-Zip:	STUART FL 34994			

909 SE CENTRAL PARKWAY

STUART, FL 34994 US

**Current Mailing Address:** 

## FEI Number: 65-0519997

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: JOE ELI	Е
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PRESIDENT

02/09/2024 Date

Electronic Signature of Signing Officer/Director Detail

FILED Feb 09, 2024 **Secretary of State** 6363744250CC

f Ctati **.** . . .

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N26178

## Entity Name: ORCHID BAY PROPERTY OWNERS ASSOCIATION, INC.

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

5000 S.W. MAPP ROAD PALM CITY, FL 34990