

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001358

Entity Name: THE ORCHARDS COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109**Current Mailing Address:**C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US**FEI Number:** 65-0475569**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
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:** DENNIS F. LIVELY

04/06/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BILSON, JOAN
Address 7737 GROVES ROAD
City-State-Zip: NAPLES FL 34109

Title D
Name FRASHER, SHEILA
Address 7657 CITRUS HILL LANE
City-State-Zip: NAPLES FL 34109

Title T
Name GASTEIGER, LISA
Address 7680 CITRUS HILL LANE
City-State-Zip: NAPLES FL 34109

Title VP
Name CARROLL, JIM
Address 7744 GARDNER DR, #203
City-State-Zip: NAPLES FL 34109

Title D
Name PAGLICCIA, MICHAEL
Address 7903 GARDNER DR
City-State-Zip: NAPLES FL 34109

Title D
Name GATELY, BARBARA
Address 7875 GARDNER DR
City-State-Zip: NAPLES FL 34109

Title D
Name MYERS, ROB
Address 7705 CITRUS HILL LANE
City-State-Zip: NAPLES FL 34109

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: JOAN BILSON

PRESIDENT

04/06/2016

Electronic Signature of Signing Officer/Director Detail

Date