

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001359

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC9625272544**

**Entity Name:** THE ORCHARDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7857 GARDNER DRIVE  
NAPLES, FL 34109

**Current Mailing Address:**

C/O SOUTHWEST PROPERTY MANAGEMENT  
1044 CASTELLO DR., STE. 206  
NAPLES, FL 34103 US

**FEI Number:** 65-0475573

**Certificate of Status Desired:** No

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

SOUTHWEST PROPERTY MANAGEMENT  
C/O SOUTHWEST PROPERTY MANAGEMENT  
1044 CASTELLO DR., STE. 206  
NAPLES, FL 34103 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:** STEPHEN E. WILLIAMS

04/26/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CARROLL, JAMES  
Address 4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title P  
Name JOHNSON, MARK  
Address 4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title ST  
Name IRWIN, SHARON  
Address 4851 TAMIAMI TRAIL N STE 400  
City-State-Zip: NAPLES FL 34103

Title D  
Name SCHULTZ, J.D.  
Address 7852 GARDNER DRIVE  
City-State-Zip: NAPLES FL 34109

Title D  
Name HAHN, MATTHEW  
Address 7714 GARDNER DR., #201  
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:** MARK JOHNSON

P

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date