

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001906

**Entity Name:** OLD ORCHID HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

100 VISTA ROYALE BLVD  
VERO BEACH, FL 32962

**Current Mailing Address:**

100 VISTA ROYALE BLVD  
VERO BEACH, FL 32962 US

**FEI Number: 65-1082416**

**Certificate of Status Desired: No**

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

ROMANO, ALAN  
100 VISTA ROYALE BLVD  
VERO BEACH, FL 32962 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name RYAN, KATHLEEN  
Address 100 VISTA ROYALE BLVD  
City-State-Zip: VERO BEACH FL 32962

Title SECRETARY  
Name DOUGLAS, ARTHUR  
Address 100 VISTA ROYALE BLVD  
City-State-Zip: VERO BEACH FL 32962

Title TD  
Name MCDOWELL, LEON  
Address 100 VISTA ROYALE BLVD  
City-State-Zip: VERO BEACH FL 32962

Title D  
Name UTTRIDGE, EDWARD  
Address 100 VISTA ROYALE BLVD  
City-State-Zip: VERO BEACH FL 32962

Title VP, DIRECTOR  
Name MACKINTOSH, DAVID  
Address 100 VISTA ROYALE BLVD  
City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR  
Name SAXON, PETER  
Address 100 VISTA ROYALE BLVD  
City-State-Zip: VERO BEACH FL 32962

*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: KATHLEEN RYAN**

**PRESIDENT**

**03/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date