#### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001906

Entity Name: OLD ORCHID HOMEOWNERS ASSOCIATION, INC.

FILED Feb 28, 2013 Secretary of State CC5430365686

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

333-17TH STREET STE 2L VERO BEACH. FL 32960

## **Current Mailing Address:**

333-17TH STREET STE 2L VERO BEACH, FL 32960

FEI Number: 65-1082416 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

ROMANO, ALAN AR CHOICE MANAGEMENT, INC. 333-17TH STREET STE 2L VERO BEACH, FL 32960 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 Title VD

Name ROBERT, CLOUTIER Name MANCARI, ANTHONY

Address 333 17TH STREET, SUITE 2-L Address 333 17TH STREET, SUITE 2-L City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title SD Title TD

Name DOUGLAS, ARTHUR Name PURCELL, JOSEPH

Address 333 17TH STREET, SUITE 2-L Address 333 17TH STREET, SUITE 2-L City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title D Title D

Name RUBEN, FRED Name HARRIS, EDWARD

Address 333 17TH STREET, SUITE 2-L Address 333 17TH STREET, SUITE 2-L City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

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: ROBERT CLOUTIER

**PRESIDENT** 

02/28/2013