

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 704994

1. Entity Name
ORLANDO POODLE CLUB, INC.



Principal Place of Business
**7170 BRIDLE PATH
ST CLOUD, FL 34771 US**

Mailing Address
**7170 BRIDLE PATH
ST CLOUD, FL 34771 US**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
70-4994335

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MICHEL, CARL
7170 BRIDLE PATH
ST CLOUD, FL 34771**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAUCK, PEGGY
STREET ADDRESS	334 TERRACE DR
CITY - ST - ZIP	OVIEDO, FL 32765
TITLE	VD
NAME	MICHEL, SANDRA
STREET ADDRESS	7170 BRIDLE PATH
CITY - ST - ZIP	ST CLOUD, FL 34771
TITLE	TD
NAME	MICHEL, CARL
STREET ADDRESS	7170 BRIDLE PATH
CITY - ST - ZIP	ST CLOUD, FL 34771
TITLE	SD
NAME	THORNE, ANNE
STREET ADDRESS	1008 RIDGE POINT COVE
CITY - ST - ZIP	LONGWOOD, FL 32750
TITLE	D
NAME	CUNNINGHAM, WILLIAM
STREET ADDRESS	100 ELM ST
CITY - ST - ZIP	OVIEDO, FL 32765
TITLE	D
NAME	MERHILL, HARRIETTE
STREET ADDRESS	3624 WREN LANE
CITY - ST - ZIP	ORLANDO, FL 32803

U00000181428
01/14/05-80047-024 \$1.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carl Michel *Carl Michel* 1/14/05 407-870-2545