

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714540

FILED
Apr 17, 2009
Secretary of State

Entity Name: THE ORLEANS APARTMENTS CONDOMINIUM, INC. (A CONDOMINIUM ASSOCIATION)

Current Principal Place of Business:

MGMT. SERVICES OF VENICE
530 US HWY. 41 BYPASS SOUTH, STE. 18B
VENICE, FL 34292

New Principal Place of Business:

MGMT. SERVICES OF VENICE
3380 RUSTIC ROAD
NOKOMIS, FL 34275

Current Mailing Address:

PO BOX 595
VENICE, FL 34284

New Mailing Address:

FEI Number: 59-1299084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MGMT. SERVICES OF VENICE
530 US HWY 41 BYPASS SO.
STE. 18B
VENICE, FL 34292 US

Name and Address of New Registered Agent:

CYNTHIA OGRADY
3380 RUSTIC ROAD
NOKOMIS, FL 34275 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: CYNTHIA OGRADY

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HILDEBRANDT, DEBORAH
Address: 950 TARPON CENTER DRIVE #502
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: BUTRYM, JUDITH
Address: 950 TARPON CENTER DRIVE #407
City-St-Zip: VENICE, FL 34285

Title: PD () Delete
Name: REYNOLDS, THOMAS
Address: 950 TARPONS CENTER DRIVE UNIT 301
City-St-Zip: VENICE, FL 34285

Title: VPD () Delete
Name: DEMIEBEL, EILEEN
Address: 950 TARPON CIR DRIVE UNIT 505
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BUTRYM, JUDITH
Address: 950 TARPON CENTER DRIVE #407
City-St-Zip: VENICE, FL 34285

Title: PD (X) Change () Addition
Name: BOND, DEWEY
Address: 950 TARPONS CENTER DRIVE UNIT
City-St-Zip: VENICE, FL 34285

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEWEY BOND

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date