


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90067 042 \*\*\*\*61.25

<b>DOCUMENT # 722121</b>	
1. Entity Name ORCHID SPRINGS VILLAGE, NO. 200, INC.	

Principal Place of Business 200 EL CAMINO DRIVE APT. 203 WINTER HAVEN, FL 33884-1618 US	Mailing Address 200 EL CAMINO DRIVE APT. 203 WINTER HAVEN, FL 33884-1616 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03222005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2064934		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOUGLAS, BARBARA S 200 EL CAMINO APT. 307 WINTER HAVEN, FL 33884-1618		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGLAS, BARBARA			NAME			
STREET ADDRESS	200 EL CAMINO DR #307			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33884			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, BOBBIE			NAME	Stinson, Jean		
STREET ADDRESS	200 EL CAMINO, #301			STREET ADDRESS	200 El Camino Drive #312		
CITY-ST-ZIP	WINTER HAVEN, FL 33884			CITY-ST-ZIP	Winter Haven, Florida 33884		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMMER, ED			NAME			
STREET ADDRESS	200 EL CAMINO, # 211			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33884			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THIBODEAUX, LINDA			NAME			
STREET ADDRESS	200 EL CAMINO DR #203			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33884			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KURPICK, JOE			NAME			
STREET ADDRESS	200 EL CAMINO DR. #405			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33884			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** Jean Stinson Jean Stinson March 22, 2005 863-533-8107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #