2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #722121



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

FILED

Mar 28, 2005 8:00 am Secretary of State

ORCHID SPRINGS VILLAGE, NO. 200, INC.												
200 EL CAMINO DRIVE APT. 203			200 E APT. 2	Mailing Address 200 EL CAMINO DRIVE APT. 203 WINTER HAVEN, FL 33884-1616 US). 1 16810 16840 1167	. * : :	IB) B18ki B;B11 B18ki	818H 818H 618	1)
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03222005 C	Chg-NP	CR2E037	7 (10/03)		
City & State			City & State					4. FEI Number 59-2064934				pplied For at Applicable
Zip Country			-Zip				1 5. Certificate of Status Desired 1.1. No. 1.1.				\$8:75 Additional ————————————————————————————————————	
	6. Name and A	dress of Current	Registered	l Agent				7. Name and Add	dress of New	Registered A	gent	
DOLIGI AS	S, BARBARA S					Name						
200 EL CAMINO APT. 307						Street Address (P.O. Box Number is Not Acceptable)						
WINTER HAVEN, FL 33884-1618						City			<u>.</u>		Zip Cod	
										FL	'	
8. The above the obligat	named entity submitions of registered ac	its this statement fo gent.	or the purpo	se of changing its	register	ed office or	registere	ed agent, or both, in	n the State of F	florida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed	name of registered agent	and title if applic	cable. (NOTE	E: Registere	d Agent signati	ne tedrited	when reinstating)		DATE	-	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.				le Year of the Control		neveble t	* 1.77 S. 12	
	Due by May 1,	2005				-		\$5.00 May Be Added to Fees	Flo	Make check orida Depart	ment of S	o tate
10.		2005 OFFICERS AND DIE	RECTORS			-		\$5.00 May Be Added to Fees DDITIONS/CHANG	Flo	rida Depart	ment of S	tate
10. TITLE			RECTORS		Contribut	ion.		Added to Fees	Flo	erida Departi ERS AND DIR	ment of S	tate
TITLE NAME	P DOUGLAS, BAF	DFFICERS AND DI	RECTORS	Trust Fund (11.	ion,		Added to Fees	Flo	erida Departi ERS AND DIR	ment of S	tate "
TITLE NAME STREET ADDRESS	P DOUGLAS, BAR 200 EL CAMINO	DFFICERS AND DIE BARA DR #307	RECTORS	Trust Fund (11. TITE NAM STRE	E E ET ADDRESS		Added to Fees	Flo	erida Departi ERS AND DIR	ment of S	tate "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUGLAS, BAR 200 EL CAMINO WINTER HAVE!	DFFICERS AND DIE BARA DR #307	RECTORS	Trust Fund C	11. TITE NAM STRE	E E ET ADDRESS -ST-ZIP	A	Added to Fees	Flo	orlda Departi ERS AND DIR	ment of SI ECTORS IN	I 10 ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P DOUGLAS, BAF 200 EL CAMINO WINTER HAVEN	OFFICERS AND DIE RBARA D DR #307 N, FL 33884	RECTORS	Trust Fund (11. TITE NAM STRE CITY	E E ET ADDRESS -ST-ZIP	T	Added to Fees	Fid GES TO OFFIC	orlda Departi ERS AND DIR	ment of S	tate "
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P DOUGLAS, BAF 200 EL CAMINO WINTER HAVE! T GONZALEZ, BO	OFFICERS AND DIF RBARA DR #307 N, FL 33884 BBIE D, #301	RECTORS	Trust Fund C	11. TITE NAM STRE CITY TITLL NAM STRE	E E ET ADDRESS -ST-ZIP	T Stin 200	Added to Fees DDITIONS/CHANG son, Jean El Camino	Drive #	ERS AND DIR	ment of SI ECTORS IN	I 10 ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P DOUGLAS, BAF 200 EL CAMINO WINTER HAVE T GONZALEZ, BO 200 EL CAMNIO	OFFICERS AND DIF RBARA DR #307 N, FL 33884 BBIE D, #301	RECTORS	Trust Fund C	11. TITES NAM STRE CITY TITLL NAM STRE CITY	E E E E ADDRESS	T Stin 200	Added to Fees DDITIONS/CHANG	Drive #	ERS AND DIR	ment of Si ECTORS IN Change Change	I 10 Addition
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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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 2005 863-533-8107