

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90120 008 \*\*\*\*61.25

**DOCUMENT # 722121**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2064934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

Joe Kurpick

Street Address (P.O. Box Number is Not Acceptable)

200 El Camino Drive

Apt. 405

City

Winter Haven,

FL

Zip Code  
33884

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.

Joe Kurpick, President

March 20, 2006

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	XX Delete
NAME	DOUGLAS, BARBARA	
STREET ADDRESS	200 EL CAMINO DR #307	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	T	XX Delete
NAME	STINSON, JEAN	
STREET ADDRESS	200 EL CAMINO DR #312	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	XX Delete
NAME	CAMMER, ED	
STREET ADDRESS	200 EL CAMINO, # 211	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	S	<input type="checkbox"/> Delete
NAME	THIBODEAUX, LINDA	
STREET ADDRESS	200 EL CAMINO DR #203	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KURPICK, JOE	
STREET ADDRESS	200 EL CAMINO DR. #405	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter Ennis	
STREET ADDRESS	200 El Camino Drive #305	
CITY-ST-ZIP	Winter Haven, Florida 33884	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martha Satterfield	
STREET ADDRESS	200 El Camino Drive #204	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carroll Phillips	
STREET ADDRESS	200 El Camino Drive #301	
CITY-ST-ZIP	Winter Haven, Florida 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Martha Satterfield* Martha Satterfield, Treasurer March 20, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #