2008 NOT-FOR-PROFIT CORPORATION INUAL REPORT

SIGNATURE:

Jun 04, 2008 8:00 am **Secretary of State DOCUMENT #722121** 06-04-2008 90005 036 ****61.25 ORCHID SPRINGS VILLAGE, NO. 200, INC. Principal Place of Business Mailing Address 200 EL CAMINO DRIVE 200 EL CAMINO DRIVE APT. 203 APT. 203 WINTER HAVEN, FL 33884-1618 US WINTER HAVEN, FL 33884-1616 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05132008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2064934 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARROLL, TERRY KURPICK, JOE 200 EL CÁMINO Street Address (P.O. Box Number is Not Acceptable) ZOO EL CAMINO DE APT. 405 WINTER HAVEN, FL 33884 UNIT ZOS WINTER HAVEN 8. The above named thy 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 SIGNATURE Signe of recistored accent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing €iling Fe∉is \$61.25 \$5.00 May Be Make check payable to Due by September 12, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete MLE ☐ Change ☐ Addition ENN'S, WALTER NAME NAME 200 EL CAMINO DR #305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP TILE. Delete TITLE Addition D004LA1 SATTERFIELD, MARTHA BARADRA NAME ZOO EL CAMINO DR # 307 200 EL CAMINO DR #204 STREET ADDRESS STREET ADDRESS 3388A WINTER HAVON, FU CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP TITLE Delete MLE BETTY LOOK PHILLIPS, CARROLL NAME NAME STREET ADDRESS 200 EL CAMINO DR #301 STREET ADDRESS 4110 WINTER HAVEN, FL 33884 CITY-ST-ZIP CITY-ST-ZIP HAVEN, FL 33884 WILLARD TITLE Detete IIILE ☐ Addition THIBODEAUX, LINDA NAME NAME STREET ADORESS 200 EL CAMINO DR #203 STREET ADDRESS WINTER HAVEN, FL 33884 CITY-ST-ZIP CITY-ST-ZIP IIILE Delete MLE Addition -Change KURPICK, JOE TERRY 200 BL NAME MAME CARROLL CAMINO DE # STREET ADDRESS 200 EL CAMINO DR. #405 STREET ADDRESS WINTER HAVEN, FL 33884 CITY-ST-ZIP CITY-ST-ZIP 33854 ☐ Delete IIILE IIII F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

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