


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90016 010 ****61.25

DOCUMENT # 724767 1. Entity Name ORCHID SPRINGS VILLAGE NO 300, INC	
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Principal Place of Business 214 BARCELONA BLDG WINTER HAVEN, FL 33884-1732 US	Mailing Address 110 MARTINIQUE DR, # 214 WINTER HAVEN, FL 33884 US
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01062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-1463815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHYTLER, JAMES B
 1100 MARTINIQUE DR, #120
 WINTER HAVEN, FL 33884

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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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHYTLER, JAMES B 1100 MARTINIQUE DR, #120 WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBB, ANNE E 1100 MARTINIQUE DR APT 214 WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, KENNETH 1489 AVENUE I, SW WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHYTLER, KATIE 1100 MARTINIQUE DR. #120 WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jennie Maretta 1100 Martinique Dr. #218 Winter Haven, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Anne E. Webb Anne E. Webb 1/30/06 863-293-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #