


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
Secretary of State

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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-1463815	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

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

7. Name and Address of New Registered Agent

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 is required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	D <input type="checkbox"/> Delete SHYTL, JAMES B 1100 MARTINIQUE DR, #120 WINTER HAVEN FL 33884
TITLE	T <input type="checkbox"/> Delete WEBB, ANNE E 1100 MARTINIQUE DR APT 214 WINTER HAVEN FL 33884
TITLE	D <input type="checkbox"/> Delete MILLER, KENNETH 1489 AVENUE I, SW WINTER HAVEN FL 33884
TITLE	D <input type="checkbox"/> Delete SHYTL, KATIE 1100 MARTINIQUE DR. #120 WINTER HAVEN FL 33884
TITLE	S <input type="checkbox"/> Delete MARETTI, JENNIE 1100 MARTINIQUE DR 218 WINTER HAVEN FL 33884
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	04/16/08-80070-028-61-25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  3-31-08 (863) 324-6365