2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724767

Entity Name: ORCHID SPRINGS VILLAGE NO 300, INC

FILED Aug 07, 2009 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
214 BARCELONA BLDG WINTER HAVEN, FL 338841732 US		# 120	TINIQUE DRIVE HAVEN, FL 33884 US	
Current Mailing Address:		New Mailing Address:		
110 MARTINIQUE DR, # 214 WINTER HAVEN, FL 33884 US		1100 MARTINIQUE DRIVE # 120 WINTER HAVEN, FL 33884 US		
	: 59-1463815	lumber Not App		
	Address of Current Registered Agent:	-	Address of New Registered Agent:	
SHYTLE, JAMES B 1100 MARTINIQUE DR, #120 WINTER HAVEN, FL 33884 US		SHYTLE, JAMES B 1100 MARTINIQUE DR, # 120 WINTER HAVEN, FL 33884 US		
	named entity submits this statement for the purpose of Florida.	e of changing i	ts registered office or registered agent, or both,	
SIGNATURE:			08/07/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip: Title:	D () Delete SHYTLE, JAMES B 1100 MARTINIQUE DR, #120 WINTER HAVEN, FL 33884 T () Delete	Title: Name: Address: City-St-Zip: Title:	P (X) Change () Addition SHYTLE, JAMES B 1100 MARTINIQUE DR, #120 WINTER HAVEN, FL 33884 US T (X) Change () Addition	
Name: Address: City-St-Zip:	WEBB, ANNE E 1100 MARTINQUE DR APT 214 WINTER HAVEN, FL 33884	Name: Address: City-St-Zip:	WEBB, ANNE E 1100 MARTINQUE DR APT 214 WINTER HAVEN, FL 33884 US	
Title: Name: Address: City-St-Zip:	D () Delete MILLER, KENNETH 1489 AVENUE I, SW WINTER HAVEN, FL 33884	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MILLER, KENNETH 1489 AVENUE I, SW WINTER HAVEN, FL 33884	
Title: Name: Address: City-St-Zip:	D () Delete SHYTLE, KATIE 1100 MARTINIQUE DR. #120 WINTER HAVEN, FL 33884	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete MARETTI, JENNIE 1100 MARTINIQUE DR 218 WINTER HAVEN, FL 33884	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES B.SHYTLE P 08/07/2009