

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746714

FILED
Apr 28, 2005
Secretary of State

Entity Name: ORCHID OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SUN VAST MANAGEMENT
P O BOX 50332
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 50332
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 59-2132585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUN VAST MANAGEMENT
381 INTERSTATE BLVD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LA FLAME, JANE
Address: 2737 ORCHID OAKS DR #303B
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: AITKENS, GRACE
Address: 2754 ORCHID OAKS DR #204A
City-St-Zip: SARASOTA, FL 34239

Title: S () Delete
Name: MESLA, MARLENE
Address: 2758 ORCHID OAKS DR #305A
City-St-Zip: SARASOTA, FL 34239

Title: SD () Delete
Name: AMAROL, EUGENE
Address: 2710 ORCHID OAKS DR, #104D
City-St-Zip: SARASOTA, FL 34239

Title: VP () Delete
Name: SOLSON, BRETT
Address: 2725 ORCHID OAKS DR #304C
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: LA FLAME, JAMES
Address: 2737 ORCHID OAKS DR #303B
City-St-Zip: SARASOTA, FL 34239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: AMARAL, EUGENE
Address: 2710 ORCHID OAKS DR, #104D
City-St-Zip: SARASOTA, FL 34239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EUGENE AMARAL

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date