

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90193 041 ****61.25

DOCUMENT # 746714						
1. Entity Name ORCHID OAKS CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business C/O SUN VAST MANAGEMENT P O BOX 50332 SARASOTA, FL 34232 US			Mailing Address P O BOX 50332 SARASOTA, FL 34232 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 59-2132585		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SUN VAST MANAGEMENT 331 INTERSTATE BLVD SARASOTA, FL 34240			7. Name and Address of New Registered Agent			
Name			Name			
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)			
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE TD	NAME LA FLAME, JAMES		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2737 ORCHID OAKS DR #303B	CITY-ST-ZIP SARASOTA, FL 34239			NAME	Brian Staris	
TITLE D	NAME AITKENS, GRACE		<input checked="" type="checkbox"/> Delete	STREET ADDRESS 2754 ORCHID OAKS DR #204A	CITY-ST-ZIP SARASOTA, FL 34239	
TITLE S	NAME MESLA, MARLENE		<input type="checkbox"/> Delete	STREET ADDRESS 2758 ORCHID OAKS DR #305A	CITY-ST-ZIP SARASOTA, FL 34239	
TITLE PD	NAME AMARAL, EUGENE		<input type="checkbox"/> Delete	STREET ADDRESS 2710 ORCHID OAKS DR, #104D	CITY-ST-ZIP SARASOTA, FL 34239	
TITLE VP	NAME SOLSON, BRETT		<input type="checkbox"/> Delete	STREET ADDRESS 2725 ORCHID OAKS DR #304C	CITY-ST-ZIP SARASOTA, FL 34239	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			NAME	STREET ADDRESS	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			NAME	STREET ADDRESS	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			NAME	STREET ADDRESS	
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: <i>Eugene Amaral</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Eugene Amaral President		
Date				Daytime Phone #		