


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State


03-31-2005 90040 036 ****61.25

DOCUMENT # 756332	
1. Entity Name ORCHID LAKE VILLAGE CIVIC ASSOCIATION, INC.	

Principal Place of Business 7425 ORCHID LAKE ROAD NEW PORT RICHEY FL 34653 US	Mailing Address 7425 ORCHID LAKE ROAD NEW PORT RICHEY FL 34653 -0731 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

	
1st MOORE	CR2E037 (10/04)
4. FEI Number 59-2101365	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 BAYER, CAROL ANN 8015 CEDAR RUN DRIVE PORT RICHEY FL 34668	
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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 *Carol Ann Bayer* (NOTE: Registered Agent signature required when reinstating) DATE 3/28/05

FILE NOW: FEES \$61.25 Due By: May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, WINI B 8121 MOCKERNUT LANE PORT RICHEY FL 34668 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINLAND, PATTY 7844 ROYAL STEWART DR NEW PORT RICHEY FL 34653 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAYER, PAUL 8015 CEDAR RUN PORT RICHEY FL 34668 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATRICK, RENEE 7902 ROYAL STEWART DRIVE NEW PORT RICHEY FL 34653 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGUIRE, ANTOINETTE 7336 CHINABERRY COURT PORT RICHEY FL 34668 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAYER, CAROL ANN 8015 CEDAR RUN PORT RICHEY FL 34668 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAURA GRADY 1904 SEASONS LANE New Port Richey, FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSEPH GERVASIO 7338 BOX ELDER DR. Port Richey, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer RENEE PATRICK 7902 ROYAL STEWART DR. N. Port Richey, FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Wini B. Smith 8121 Mockernut Ln. Port Richey, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee AMY KNIGAT 7030 MISTLEDE CT. New Port Richey, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Carol Ann Bayer* DATE 3/28/05 DAYTIME PHONE # 727-847-4395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR