

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90177 032 ****61.25

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|--|--|--|--|--|--|
| 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 PO BOX 731 NEW PORT RICHEY, FL 34656-0731 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 | | Country | | 4. FEI Number 59-2101365 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRADY, JOHN W 7904 SEASONS LANE NEW PORT RICHEY, FL 34653 | | | | 7. Name and Address of New Registered Agent Name <u>Wiskow, Katherine</u> Street Address (P.O. Box Number is Not Acceptable) <u>9025 Hunt Club Lane</u> City <u>Port Richey</u> FL <u>34668</u> | |
| 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 <u>Katherine M Wiskow</u> | | | | DATE <u>3.28.07</u> | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GRADY, LAURA 7904 SEASONS LANE PORT RICHEY, FL 34673 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Patrick, Renee 7902 Royal Stewart Dr. NPR, FL 34653 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP REHM, GREG 8015 FLORAL VIEW WAY PORT RICHEY, FL 34668 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S,T Wiskow, Katherine 9025 Hunt Club Lane Port Richey, FL 34668 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA RENEE, PATRICK 7902 ROYAL STEWART DR NEW PORT RICHEY, FL 34653 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GRADY, JOHN W 7904 SEASONS LANE NEW PORT RICHEY, FL 34673 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KNIGHT, AMY 7030 MISTLETOE CT NEW PORT RICHEY, FL 34668 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WISKOW, KATHERINE 9025 HUNT CLUB LANE PORT RICHEY, FL 34668 | <input checked="" type="checkbox"/> Delete |
| 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: <u>Katherine M Wiskow</u> | | | | Sec / Treas <u>3.28.07</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # <u>845-8151</u> | |