2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

Principal Place of Business - No P.O. Box # 1. Making Address PORT RICHEY, FL 34653 US PORT RICHEY, FL 34656-0731 US 4004 9993 2. Principal Place of Business - No P.O. Box # 2. Making Address Sustainable of Post Richey, FL 34653 US Post Richey, FL 34656-0731 US 4004 9993 2. Principal Place of Business - No P.O. Box # 3. Making Address Sustainable of Post Richey, FL 34653 US Post Richey, FL 34658 US Post Richey, FL 3	DOCUMENT # 756332 1. Entity Name ORCHID LAKE VILLAGE CIVIC ASSOCIATION, INC.									04-04-2	007 90177	032 ****6	1.25
Suite, Apt. #. etc. Cry & State Cry & State Chy & State Chy & State Country Zip Country Zip Country S. Centificate of Status Delired \$5.75 Additional Fee Required Fee Required Fee Required Fee Required Suite, Apt. #. etc. Name and Address of Current Registered Agent Name Name Suite, Apt. #. etc. S. Centificate of Status Delired \$5.75 Additional Fee Registered Agent Name Name Suite, Apt. #. etc. S. Centificate of Status Delired \$5.75 Additional Fee Registered Agent Name Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Name Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Name Name Name Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Name Name Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Name Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Name Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Name Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Name Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Name Name Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name Name Name Name Suite, Apt. #. etc. Name and Address of New Registered Agent Name	7425 ORCHID LAKE ROAD PO BOX 731					.0731 US	3				1 1 1 1 1 1 1 1 1 1) 1 84 1831	
City & State Ci	Principal Place of Business - No P.O. Box # Mailing Address												
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with,	City & State			City	City & State							— —	•
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GRADY, JOHN W 7904 SEASONS LANE NEW PORT RICHEY, FL 34653 City Cort Ruchey FL 23 Code		6. Name a	and Address of Current F	Registered	l Agent				7. Name and	d Address of N	lew Registere	d Agent	
Signature Filing Fee is \$61.25 Due by May 1, 2007 TITLE MAKE SIRET AUDRESS PORT RICHEY, FL 34653 Siret Audress FL 234653 Signature Filing Fee is \$61.25 Due by May 1, 2007 TITLE MAKE SIRET AUDRESS SIRET AUDRES	GRADY I						1	a lick	KNW. K	atheria	16		
City Port Ruchey FL 73 GHz 68 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE LUCHALY Symbol Propriet agent and the registered agent of the registered agent. Filling Fee is \$61.25 Due by May 1, 2007 Prush Fund Commobiling Financing Trush Fund Commobiling Financing Finan	7904 SEASONS LANE					Street	ddress (P.O. Box Numb	er is Not Acce	otable)			
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature. Suprature, hymore or primed reamed, registered agent. Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Make check payable to Fiorida Department of State Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by Make check payable to Fiorida Department of State Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Due by May 1, 2007 Pure Filling Fee is \$61.25 Pure Filling Fee is \$61.25	NEW POR	T RICHEY.	, FL 34653					,00	- ((0.)		<u> </u>		
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ITTLE MAME GRADY, LAURA STREET ADDRESS STREET ADDRE	SIGNATURE	Signature, typed o	or printed name o registered agent a	und title if applic	cable. (NOTI	E Registere	d Agent signar	ture required	when reinstating)		DATE		 _
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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	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P GRADY, LI 7904 SEAS PORT RIC VP REHM, GR 8015 FLOR PORT RIC TREA RENEE, PI 7902 ROY/ NEW POR S GRADY, JG 7904 SEAS NEW POR T KNIGHT, A 7030 MIST NEW POR T WISKOW, 9025 HUN	OFFICERS AND DIR OFFICERS AND DIR AURA SONS LANE HEY, FL 34673 PEG RAL VIEW WAY HEY, FL 34668 ATRICK AL STEWART DR T RICHEY, FL 34653 OHN W SONS LANE T RICHEY, FL 34673		9. Election Car Trust Fund C	ITTLE NAM STRE CITY TITLE NAM STRE CITY	inancing ion. E E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS	Pat 1907 NPG	\$5.00 May It Added to Fees ADDITIONS/CH TICK \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	HANGES TO OIL Renee Stewa 34653	Make che Florida Dep FICERS AND A Dr.	Ck payable to artment of S DIRECTORS IN Change Change Change Change	o tate 1 10 Addition Addition Addition Addition

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: Latharing

Laure m Nishow

Sec / Treas

3.28.07

(727) 845-8151

Daytime Phone #