

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 758637

1. Entity Name

ORCHARD GARDEN CONDOMINIUM, INC

FILED

02 SEP 23 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

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-10/02/02--01015--009

\*\*\*\*297.50\*\*\*\*297.50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
40 Association Mgmt Group, Inc.		40 Association Mgmt Group Inc	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
500 W. Cypress Creek Rd-230		P.O. Box 630280	
City & State		City & State	
Fort Lauderdale, FL		MIAMI, FL	
Zip	Country	Zip	Country
33309	USA	33163-0280	USA

4. FEI Number	Applied For
592162427	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
X	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
MARSHALL KREHEN  
Street Address (P.O. Box Number is Not Acceptable)  
500 WEST CYPRESS CREEK ROAD  
SUITE 230  
City  
FL LAUDERDALE FL Zip Code  
33309

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.

SIGNATURE

*[Signature]*

X

8/15/02

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JAMES SIAHAYA P.O. Box 013506 Miami, FL 33101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S DEBBIE NAILS 13941 NE 32nd Ct. N. Miami, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Marie Francois 13907 NE 32nd Ct. N. Miami, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like employment.

SIGNATURE: X

JAMES SIAHAYA

8/15/02

(305) 792-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)