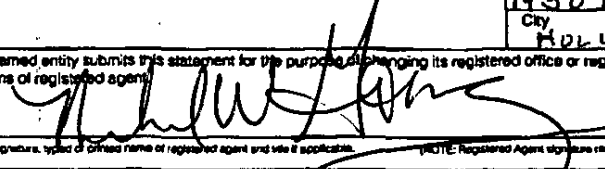
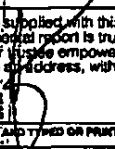


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

07-22-2004 90006 011 ****61.25

DOCUMENT # 758637			
1. Entity Name ORCHARD GARDEN CONDOMINIUM, INC.			
Principal Place of Business C/O ASSOCIATION MANAGEMENT GROUP, INC. 500 W. CYPRESS CREEK ROAD, 230 FORT LAUDERDALE, FL 33309 US		Mailing Address C/O ASSOCIATION MANAGEMENT GROUP, INC. P.O. BOX 630280 MIAMI, FL 33163-0280 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03092004		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2162427		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KREMEN, MARSHALL V 500 WEST CYPRESS CREEK ROAD, STE. 230 FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name MICHAEL GOMEZ, ESQ Street Address (P.O. Box Number is Not Acceptable) LAW OFFICES OF MICHAEL GOMEZ, PA 1930 TYLER STREET City HOLLY WOOD FL Zip Code 33020	
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 		DATE 8-25-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD SIHAYA, JAMES P.O. BOX 013508 MIAMI, FL 33101 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS NAILS, DEBBIE 13941 NE 3RD CT NORTH MIAMI, FL 33161 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT FRANCOIS, MARIE 13907 NE 3RD CT NORTH MIAMI, FL 33161 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date 7/6/04 (305) 792-0055	