## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

766073

(1)

ORCHID ISLAND PROPERTY OWNERS ASSOCIATION, INC.

FILED
Mar 24 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address					r 1003)); robija disira diriri abata ribit didiri didiri didiri didiri didiri didiri		
336 LIVE OAK DR. LITTLE ORCHID ISLAND 336 LIVE OAK DR. LITTLE ORCH VERO BEACH FL 32963 VERO BEACH FL 32963				) ISLA	ND	3. Date Incorporated or Qualified	_
VERU BEAUN	FL 32963	VERO BEACH FL 32963				12/10/1982	
						4. FEI Number Applied For	
2. Principal	Place of Business	2a. Mailing Address				NOT APPLICABLE Not Applicable	θ_
21		26				5. Certificate of Status Desired SB.75 Additional Fee Regulred	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
22		27				Trust Fund Contribution Added to Fees	_
City & Sta	ne .	— ·	City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Zip Country Zip Co			ountry	-	B. This corporation owes or has paid the current year Intangible	
24	26	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cure	rent Registered Agent				10. Name and Address of New Registered Agent	_
				81	Name		
	R, ROGER L.	4 ANIM		82	Street A	Address (P.O. Box Number is Not Acceptable)	_
	'E OAK DR, LITTLE ORCHID IS BEACH FL 32963	LAND		83			_
VERU (	DEAUTI PL 32903			Li			
				84	City	FL 85 Zip Code	
11. Pursuani	to the provisions of Sections 617.0	1502 and 617.1508, Florida Statu	utes, the	above	-named	corporation submits this statement for the purpose of changing its registered	ī
onice or agent. I	registered agent, or both, in the Sti am familiar with, and accept the ob	ate of Florida. Such change was ligations of, Section 617.0503, F	autnoriz Florida St	eo by atutes	tne corp	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE							
12.	Signature, typed or printed name of registered	agent and title if applicable (NC AND DIRECTORS	TE: Register		nt signature i	e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE		TITLE	——т	Change Addition	
NAME	COOPER, ROGER L.		ŀ	1.2 NAME			
STREET ADDRESS	336 LIVE OAK DR				ADDRESS		
CITY-ST-ZIP	VERO BEACH FL			CITY-S			
TIFLE	VTD	☐ DELETE		TITLE		Change Addition	n
NAME	PREUSS, DANIEL I.		2.2	NAME			
STREET ADDRESS	326 LIVE OAK DR		2.3	STREET	ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		2.4	CITY-S	IT-ZIP		
TITLE	<b>\$</b> D	☐ DELETE	3.1	TITLE		Change Addition	1
NAME	CUNNINGHAM, WALTER L.		3.2	NAME			
STREET ADDRESS	306 LIVE OAK DR		3.3	STREET	ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		3.4.	CITY-S	iT-ZIP		
TITLE		☐ DELETE		TITLE		Change Addition	1
NAME			4. 2	NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	ļ	E or rec		CITY-S	1-51P		_
TITLE		☐ DELETE		TITLE		Change Addition	1
NAME				NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	1	Dr. cor		CITY-S	I-ZIP		_
TITLE		☐ DELETE		TITLE		Change Addition	1
NAME				NAME			
STREET ADDRESS			6.3	STREET	ADDRESS	į	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: