

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006351

FILED
Jul 02, 2009
Secretary of State

Entity Name: ORANGE PORT BUSINESS VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5521 SOUTH RIDGEWOOD AVENUE
UNIT 6
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

5521 SOUTH RIDGEWOOD AVENUE
UNIT 6
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3677596 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FINLEY, SHAWN
5521 S. RIDGEWOOD AVENUE
UNIT 6
PORT ORANGE, FL 32127 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAKER, PAUL
Address: 5521SO RIDGEWOOD UNIT #4
City-St-Zip: PORT ORANGE, FL 32127

Title: VD () Delete
Name: CONNORS, KEN
Address: 5521SO RIDGEWOOD UNIT #4
City-St-Zip: PORT ORANGE, FL 32127

Title: STD () Delete
Name: FINLEY, SHAWN
Address: 5521SO RIDGEWOOD UNIT #4
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN FINLEY

STD

07/02/2009

Electronic Signature of Signing Officer or Director

Date