


2004 NON-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State


02-17-2004 90049 050 ****61.25

DOCUMENT # N01000006699	
1. Entity Name ORCHID LAKE VILLAGE UNIT TEN HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 7435 ROYAL CRESCENT CT. PORT RICHEY FL 34668	Mailing Address 7435 ROYAL CRESCENT CT. PORT RICHEY FL 34668
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2. Principal Place of Business P.O. Box 249 Port Richey, Florida 34673-0249	3. Mailing Address P.O. Box 249 Suite, Apt. #, etc. N/A
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City & State Port Richey, Florida	City & State Port Richey, Florida
Zip 34673-0249	Country U.S.A.

	
MOORE	CR2E037 (11/03)
4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STRASSER, BRIAN R 7435 ROYAL CRESCENT CT. PORT RICHEY FL 34668	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Brian R. Strasser *Brian R. Strasser* 2/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME STRASSER, BRIAN R STREET ADDRESS 7435 ROYAL CRESCENT CT CITY-ST-ZIP PORT RICHEY FL 34668 <input checked="" type="checkbox"/> Delete	TITLE President	NAME Bartoletti, Mario D. STREET ADDRESS 7321 DogLeg Court CITY-ST-ZIP Port Richey, Florida -34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME ROCK, MARIE STREET ADDRESS SUMMERSIDE LANE CITY-ST-ZIP PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME CRUMP, JUDITH STREET ADDRESS GOLDEN BEAR LOOP CITY-ST-ZIP PORT RICHEY FL 34668 <input checked="" type="checkbox"/> Delete	TITLE Secretary	NAME Bartoletti, Lili R. STREET ADDRESS 7321 DogLeg Court CITY-ST-ZIP Port Richey, Florida 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mario D. Bartoletti* Mario D. Bartoletti, Pres. 29 Jan, 2004 (727)841-9149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #