

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

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90006 009 \*\*\*\*61.25

DOCUMENT # NO 1000006699

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



**DO NOT WRITE IN THIS SPACE**

**50061178**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
P.O.Box 1218

3. Mailing Address  
P.O.Box 1218

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Port Richey, FL

City & State  
Port Richey, FL

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip  
34668

Country  
Pasco

Zip  
34668

Country  
Pasco

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Dr. Mario Bartoletti

Street Address (P.O. Box Number is Not Acceptable)

7321 Dogleg Court

City  
Port Richey FL Zip Code  
34668

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04 Aug, 2005  
DATE

**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**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dr. Mario Bartoletti 7321 Dogleg Court Port Richey, FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dr. Richard Newell 7312 Box Elder Drive Port Richey, FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mr. Michael McCarthy 7307 Dogleg Court Port Richey, FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mrs. Lili Bartoletti 7321 Dogleg Court Port Richey, FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C (Architectoral Committee) Mr. Frank Brierton 8325 Golden Bear Loop Port Richey, FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C (Welcoming Committee) Mrs. Barbara Sasicki 7435 Mulligan Court Port Richey, FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 empowered.

SIGNATURE:

04 Aug, 2005

CR2E037B (12/02)