

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90042 006 ****61.25

DOCUMENT # N01000006699 1. Entity Name ORCHID LAKE VILLAGE UNIT TEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1218 PORT RICHEY, FL 34668 US		Mailing Address P.O. BOX 1218 PORT RICHEY, FL 34668 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BARTOLETTI, MARIO DR. 7321 DOGLEG COURT PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name CHRISTINE RONALDO-VALASQUEZ Street Address (P.O. Box Number is Not Acceptable) 7220 DOGLEG CT 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 <u><i>Christine Ronaldo Valasquez</i></u> CHRISTINE RONALDO-VALASQUEZ <u>7/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME BARTOLETTI, MARIO D STREET ADDRESS 7321 DOGLEG COURT CITY-ST-ZIP PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME VACANT STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TRES NAME MCCARTHY, MICHAEL J STREET ADDRESS 7307 DOGLEG COURT 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 S NAME BARTOLETTI, LILI R STREET ADDRESS 7321 DOGLEG COURT CITY-ST-ZIP PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete		TITLE SECRETARY NAME FLORANCE BRUAY STREET ADDRESS 7457 MULLIGAN CT. CITY-ST-ZIP PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE VICE PRESIDENT NAME CHRISTINE RONALDO-VALASQUEZ STREET ADDRESS 7220 DOGLEG CT. CITY-ST-ZIP PORT RICHEY, FL 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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Michael J. McCarthy</i></u> MICHAEL J. MCCARTHY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-17-07 727-848-7753 <small>Date Daytime Phone #</small>		