


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

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

<b>Principal Place of Business</b> P.O. BOX 1218 PORT RICHEY, FL 34668 US	<b>Mailing Address</b> P.O. BOX 1218 PORT RICHEY, FL 34668 US
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

RONALDO-VALASQUEZ, CHRISTINE  
7220 DOGLAG CT  
PORT RICHEY, FL 34668

**DO NOT WRITE IN THIS SPACE**

**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) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000787852 01/18/08-80016-018 61.25
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TRES</b> <b>MCCARTHY, MICHAEL J</b> <b>7307 DOGLEG COURT</b> <b>PORT RICHEY, FL 34668</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>BRODY, FLORENCE</b> <b>7457 MULLIGAN ST</b> <b>PORT RICHEY, FL 34668</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <b>RONALDO-VALASQUEZ, CHRISTINE</b> <b>7220 DOGLAG CT</b> <b>PORT RICHEY, FL 34668</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**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 my address, with all other like empowered.

**SIGNATURE:**  **MICHAEL J MCCARTHY** **1-14-08** **727.848.7753**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #