2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# N01000006699

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

Current Principal Place of Business:

P.O. BOX 1218
PORT RICHEY, FL 34668 US

New Principal Place of Business:

8316 SUMMERSIDE LANE
PORT RICHEY, FL 34668 US

Current Mailing Address:

P.O. BOX 1218
PORT RICHEY, FL 34668 US

New Mailing Address:

FEI Number: 59-2889885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BURKE, EDWARD
8316 SUMMERSIDE LANE
PORT RICHEY, FL 34668 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: EDWARD BURKE 01/31/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TRES ( ) Delete
Name: MCCARTHY, MICHAEL J
Address: 7307 DOGLEG COURT
City-St-Zip: PORT RICHEY, FL 34668

Title: S ( ) Delete
Name: BRODY, FLORENCE
Address: 7457 MULLIGAN ST
City-St-Zip: PORT RICHEY, FL 34668

Title: VP ( ) Delete
Name: RONALDO-VALASAUEZ, CHRISTINE
Address: 7220 DOGLAG CT
City-St-Zip: PORT RICHEY, FL 34668

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change ( ) Addition
Name: BRUEY, FLORENCE
Address: 7457 MULLIGAN ST
City-St-Zip: PORT RICHEY, FL 34668

Title: VP (X) Change ( ) Addition
Name: BONALDO-VALASQUEZ, CHRISTINE
Address: 7220 DOGLEG CT
City-St-Zip: PORT RICHEY, FL 34668

Title: PRES ( ) Change (X) Addition
Name: BURKE, EDWARD
Address: 8316 SUMMERSIDE LANE
City-St-Zip: PORT RICHEY, FL 34668

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: MICHAEL J MCCARTHY TRES 01/31/2009
Electronic Signature of Signing Officer or Director Date