
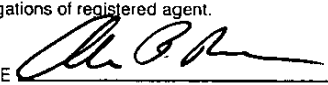
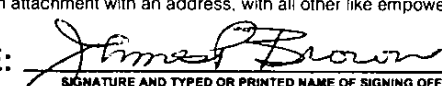


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90052 044 \*\*\*\*61.25

<b>DOCUMENT # N01000008569</b> 1. Entity Name <b>THE SEASONS AT ORCHID HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business 1300 N FLORIDA MANGO RD SUITE 15 WEST PALM BEACH, FL 33409		Mailing Address 1300 N FLORIDA MANGO RD SUITE 15 WEST PALM BEACH, FL 33409	
2. Principal Place of Business - No P.O. Box # <b>333 17TH STREET</b>		3. Mailing Address <b>333 17TH STREET</b>	
Suite, Apt. #, etc. <b>SUITE 2L</b>		Suite, Apt. #, etc. <b>SUITE 2L</b>	
City & State <b>VERO BEACH, FL</b>		City & State <b>VERO BEACH, FL</b>	
Zip <b>32960</b>	Country <b>USA</b>	Zip <b>32960</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>MALASKY, STEPHEN P</b> <b>1300 N FLORIDA MANGO RD</b> <b>SUITE 15</b> <b>WEST PALM BEACH, FL 33409</b>		7. Name and Address of New Registered Agent Name <b>ALAN P ROMANO</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O AK CHOICE MANAGEMENT INC</b> <b>333 17TH ST SUITE 2L</b> City <b>VERO BEACH</b> <b>FL</b> Zip Code <b>32960</b>	
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  <b>ALAN P ROMANO</b> <b>4/26/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MALASKY, BRUCE A 1300 N FLORIDA MANGO RD, #15 W PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINNERLY, LEA 333 17TH ST SUITE 2L VERO BEACH, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MALASKY, STEPHEN P 1300 N FLORIDA MANGO RD, #15 W PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOACHIM, KATHLEEN 333 17TH ST SUITE 2L VERO BEACH, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALL, PAUL 2125 WEBASSO BCH RD VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, JAMES 333 17TH ST SUITE 2L VERO BEACH, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRENZ, RICHARD 333 17TH ST SUITE 2L VERO BEACH, FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABODEELY, JOHN 333 17TH ST SUITE 2L VERO BEACH, FL 32960 <input type="checkbox"/> Change <input checked="" 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.			
<b>SIGNATURE:</b> 		<b>4/26/07</b> <b>712.667-0808</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			