2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008569

FILED Mar 06, 2009 Secretary of State

Entity Name: THE SEASONS AT ORCHID HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 333 17TH STREET SUITE 2L VERO BEACH, FL 32960 **New Mailing Address: Current Mailing Address:** 333 17TH STREET SUITE 2L VERO BEACH, FL 32960 FEI Number: 02-0605372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROMANO, ALAN P C/O AP CHOICE MGMT, INC 333 17TH ST SUITE 2L VERO BEACH, FL 32960 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROLENE, JOSEPHINE Name: Name: 333 17TH ST., STE. 2L Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition FOWLER, FRANK Name: RALEIGH, JACK Name: Address: 333 17TH ST. STE. 2L Address: 333 17TH ST. STE. 2L City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32960 Title: () Delete Title: TD (X) Change () Addition SPALDING, CURTIS TAUBE, KATHY Name: Name: Address: 333 17TH ST, STE. 2L Address: 333 17TH ST, STE. 2L City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32960 Title: () Delete Title: D (X) Change () Addition GENOVESE, JOHN Name: SEELY, WILLIAM Name: Address: 333 17TH ST, STE 2L Address: 333 17TH ST, STE 2L City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32960 Title: Title: VD (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

HAGERTY, BRIAN

333 17TH ST, STE. 2L

VERO BEACH, FL 32960

SIGNATURE: JOSEPHINE ROLENC PD 03/06/2009

() Delete

ABODEELY, JOHN

333 17TH ST, STE. 2L

VERO BEACH, FL 32960

Name:

Address:

City-St-Zip: