

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008569

FILED  
Feb 01, 2011  
Secretary of State

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

**Current Principal Place of Business:**

333 17TH STREET  
SUITE 2L  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

333 17TH STREET  
SUITE 2L  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 02-0605372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROMANO, ALAN P  
C/O AP CHOICE MGMT. INC  
333 17TH ST SUITE 2L  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

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:**

Title: PD  
Name: ROLENC, JOSEPHINE  
Address: 333 17TH ST., STE. 2L  
City-St-Zip: VERO BEACH, FL 32960

Title: TD  
Name: RALEIGH, JACK  
Address: 333 17TH ST, STE. 2L  
City-St-Zip: VERO BEACH, FL 32960

Title: SD  
Name: DOREMUS, JEFFERY  
Address: 333 17TH ST, STE. 2L  
City-St-Zip: VERO BEACH, FL 32960

Title: D  
Name: GENOVESE, JOHN  
Address: 333 17TH ST, STE 2L  
City-St-Zip: VERO BEACH, FL 32960

Title: VD  
Name: HAGERTY, BRIAN  
Address: 333 17TH ST, STE. 2L  
City-St-Zip: VERO BEACH, FL 32960

I hereby 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 all other like empowered.

SIGNATURE: JOSEPHINE ROLENC

PD

02/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date