2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90481 042 ****70.00

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04222007 Chg-NP CR2E037 (12/06)

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1. Entity Name
ORCHID RESERVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4205 WEST ATLANTIC AVENUE SUITE 201 DELRAY BEACH, FL 33445	4205 WEST ATLANTIC AVENUE SUITE 201 DELRAY BEACH, FL 33445

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
21045 Commercial Trail	21045 Commercial Trl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33486 Country: Palm Beach	Zip: 33486 Country: Palm Beach

4. FEI Number: 55-0903992 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ISAACSON, WILLIAM K 21045 COMMERCIAL TRL BOCA RATON, FL 33486	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SUTTIN, EUGENE N 4205 WEST ATLANTIC AVENUE, STE. 201 DELRAY BEACH, FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STOLLER, RICHARD 10236 ORCHID RESERVE DRIVE WEST PALM BEACH, FL 33412	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMANOWSKI, STEVEN 4205 WEST ATLANTIC AVENUE, STE. 201 DELRAY BEACH, FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CHIET, ARNOLD 10341 ORCHID RESERVE DRIVE WEST PALM BEACH, FL 33412	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEITZ, KENNETH 4205 WEST ATLANTIC AVENUE, STE. 201 DELRAY BEACH, FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLADSTONE, FRED 10349 ORCHID RESERVE DRIVE WEST PALM BEACH, FL 33412	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, BRUCE 10158 ORCHID RESERVE DRIVE WEST PALM BEACH, FL 33412	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Richard Stoller RICHARD STOLLER 4-26-07 561-622-9337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #