2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2009
Secretary of State

DOCUMENT# N03000008157

Entity Name: ORCHID CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1809A MIDDLE RIVER DRIVE
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

1809A MIDDLE RIVER DRIVE
FORT LAUDERDALE, FL 33305

New Mailing Address:

C/O NCS
4801 S UNIVERSITY DRIVE STE 132
DAVIE, FL 33328

FEI Number: 54-2127339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RUMIN, EDWARD R ESQ.
2755 EAST OAKLAND PARK BLVD., SUITE 304
FORT LAUDERDALE, FL 33306 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:	D	( ) Delete
Name:	KENNEY, NOEL K	
Address:	1809A MIDDLE RIVER DRIVE	
City-St-Zip:	FORT LAUDERDALE, FL 33305	
Title:	DS	( ) Delete
Name:	WESTGATE, ELIZABETH	
Address:	1807 MIDDLE RIVER DRIVE	
City-St-Zip:	FORT LAUDERDALE, FL 33305	
Title:	TD	( ) Delete
Name:	NEIDY, WILLIAM	
Address:	1811A MIDDLE RIVER DR	
City-St-Zip:	FORT LAUDERDALE, FL 33305	
Title:	PD	( ) Delete
Name:	SMITH, GERALD	
Address:	1807A MIDDLE RIVER DR	
City-St-Zip:	FORT LAUDERDALE, FL 33305	
Title:	D	( ) Delete
Name:	YIANILOS, WILLIAM	
Address:	1809 MIDDLE RIVER DR	
City-St-Zip:	FORT LAUDERDALE, FL 33305	
Title:	VD	( ) Delete
Name:	SOUZA, HERB	
Address:	1811 MIDDLE RIVER DR	
City-St-Zip:	FORT LAUDERDALE, FL 33305	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GERALD SMITH P 07/27/2009

Electronic Signature of Signing Officer or Director — Date