

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008157

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**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:**

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

**New Mailing Address:**

**FEI Number:** 54-2127339      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**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: VP/D  
Name: WESTGATE, ELIZABETH  
Address: 1807 MIDDLE RIVER DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: TD  
Name: NEIDY, WILLIAM  
Address: 1811A MIDDLE RIVER DR  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: PD  
Name: SMITH, GERALD  
Address: 1807A MIDDLE RIVER DR  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: SD  
Name: SOUZA, HERB  
Address: 1811 MIDDLE RIVER DR  
City-St-Zip: FORT LAUDERDALE, FL 33305

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: JERRY SMITH

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04/28/2011

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

\_\_\_\_\_  
Date