


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90238 002 ****61.25

DOCUMENT # N04000001000 1. Entity Name ORLEANS PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573		Mailing Address 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573	
2. Principal Place of Business 409 E. College Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1058 Suite, Apt. #, etc.	
City & State Ruskin, FL		City & State Ruskin, FL	
Zip 33570		Zip 33575	
Country		Country	
4. FEI Number 54-2144927		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573		7. Name and Address of New Registered Agent Name Lou Ellen Wilson Street Address (P.O. Box Number is Not Acceptable) 409 E. College Ave City Ruskin FL Zip Code 33570	
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEYER, R.C. JR 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHNSON, RON 443 NOBLE FAIRE DR SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	D/P Ron JOHNSON 443 NOBLE FAIRE DR. Sun City Center, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEITH, SYLVIA 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	D/P James WELCH 445 NOBLE FAIRE DR. Sun City Center, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	D/S/T KAREN GOLDWATER 402 NOBLE FAIRE DR. Sun City Center, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	D JOAN TEARRA 407 NOBLE FAIRE DR. Sun City Center, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	D SARAH BROADBENT 450 NOBLE FAIRE DR. Sun City Center, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	[Empty]
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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-10-06 (813) 645-1569 Date Daytime Phone #	
RONALD JOHNSON			