

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001000

FILED
Jan 28, 2009
Secretary of State

Entity Name: ORLEANS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

409E COLLEGE AVE
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

POB 1058
RUSKIN, FL 33575

New Mailing Address:

FEI Number: 54-2144927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, LOU ELLEN
409 E COLLEGE AVE
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

TRIMMER, KATHY
409 E COLLEGE AVE
RUSKIN, FL 33570 US

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: KATHY TRIMMER

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STIMSON, JUDY
Address: 444 NOBLE FAIRE DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DST () Delete
Name: SMOLINSKI, DAVID
Address: 409 NOBLE FAIRE DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DVP () Delete
Name: TEARAA, JOAN
Address: 407 NOBLE FAIRE RD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DT () Delete
Name: FALLON, THOMAS
Address: 419 NOBLE FAIRE DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: CALBI, ROBERT
Address: 418 NOBLE FAIRE DR
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: SMOLINSKI, DAVID
Address: 409 NOBLE FAIRE DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DT (X) Change () Addition
Name: TENRAA, JOAN
Address: 407 NOBLE FAIRE RD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DVP (X) Change () Addition
Name: FALLON, THOMAS
Address: 419 NOBLE FAIRE DR
City-St-Zip: SUN CITY CENTER, FL 33573

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: JUDY STIMSON

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date