2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90413 016 ****61.25

DOCUMENT # N04000006471

1. Entity Name
ORCHARD PARK III HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8245 RIVER COUNTRY DR SPRING HILL, FL 34607	8245 RIVER COUNTRY DR SPRING HILL, FL 34607

2. Principal Place of Business	3. Mailing Address
4112 LAMSON AVE Suite, Apt. #, etc.	4112 LAMSON AVE Suite, Apt. #, etc.
City & State: SPRING HILL, FL	City & State: SPRING HILL, FL
Zip: 34608 Country: US	Zip: 34608 Country: US

03292006 Chg-NP CR2E037 (11/05)

4. FEI Number: 20-1396157 ☐ 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
GLOVER, RALPH S 8245 RIVER COUNTRY DR SPRING HILL, FL 34607	Name: DEBRA PERRICONE Street Address (P.O. Box Number is Not Acceptable): FRANKLIN + COMPANY PROPERTY MANAGEMENT, LLC. 4112 LAMSON AVE City: SPRING HILL FL Zip Code: 34608

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] DEBRA K PERRICONE 3/31/06
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, 2006

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	D GLOVER, RALPH S 8245 RIVER COUNTRY DR SPRING HILL, FL 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMPION, SANDRA 8245 RIVER COUNTRY DR SPRING HILL, FL 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLOVER, STUART 8245 RIVER COUNTRY DR SPRING HILL, FL 34607	☐ 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
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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: [signature] SANDRA CHAMPION 3/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #