2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000007731

1. Entity Name
ORCHID GROVE MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5555 ANGLERS AVENUE SUITE 1A FORT LAUDERDALE, FL 33312	5555 ANGLERS AVENUE SUITE 1A FORT LAUDERDALE, FL 33312

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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-1469350
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
C/O 100 SOUTHEAST SECOND STREET
SUITE 2900
MIAMI, FL 33131-2130

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PIAZZA, ALBERT
STREET ADDRESS	5555 ANGLERS AVENUE #1A
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	VD
NAME	LOISEL, DEAN
STREET ADDRESS	5555 ANGLERS AVENUE #1A
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	STD
NAME	MUELLER, JANET
STREET ADDRESS	5555 ANGLERS AVENUE #1A
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/06-80015-018 61.25

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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: Albert C. Piazza, Pres. 1/10/06 (954) 620-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #