

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90188 032 \*\*\*\*61.25

**DOCUMENT # N05000000589**

1. Entity Name  
ORCHID COVE AT PORT OF THE ISLANDS  
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
2666 AIRPORT RD SOUTH  
NAPLES, FL 34112

Mailing Address  
2666 AIRPORT RD SOUTH  
NAPLES, FL 34112

2. Principal Place of Business

3050 N. Horseshoe Dr.

3. Mailing Address

3050 N. Horseshoe Dr.

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Naples, FL

City & State

Naples, FL

Zip

34104

Country

US

Zip

34104

Country

US



04112006

Chg-NP

CR2E037 (11/05)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOOD, C. LANE ESQ  
SALVATORI & WOOD, P.L.  
4001 TAMiami TRAIL NORTH - STE 300  
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

TITLE PD ☐ Delete  
NAME HIGGS, WILLIAM T  
STREET ADDRESS 2666 AIRPORT RD SOUTH  
CITY-ST-ZIP NAPLES, FL 34112

TITLE VPD ☐ Delete  
NAME AGNELLI, JOHN J  
STREET ADDRESS 2666 AIRPORT RD SOUTH  
CITY-ST-ZIP NAPLES, FL 34112

TITLE SD ☐ Delete  
NAME HIGGS, ANTONIA  
STREET ADDRESS 2666 AIRPORT RD SOUTH  
CITY-ST-ZIP NAPLES, FL 34112

TITLE T ☐ Delete  
NAME LOIACANO, LISA  
STREET ADDRESS 2666 AIRPORT RD SOUTH  
CITY-ST-ZIP NAPLES, FL 34112

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3050 N. Horseshoe Dr. #105  
CITY-ST-ZIP Naples, FL 34104

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3050 N. Horseshoe Dr. #105  
CITY-ST-ZIP Naples, FL 34104

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Lisa Loiacano* / Lisa Loiacano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 239-775-2230

Date

Daytime Phone #