


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90056 023 ****61.25

DOCUMENT # N05000000589	
1. Entity Name ORCHID COVE AT PORT OF THE ISLANDS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 3050 NORTH HORSEHOE DR SUITE 105 NAPLES, FL 34104	Mailing Address 3050 NORTH HORSEHOE DR SUITE 105 NAPLES, FL 34104
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40036007



03022007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOOD, C. LANE ESQ SALVATORI & WOOD, P.L. 4001 TAMiami TRAIL NORTH - STE 300 NAPLES, FL 34103		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGGS, WILLIAM T 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AGNELLI, JOHN J 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIGGS, ANTONIA 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOIACANO, LISA 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Lisa Loiacano Lisa Loiacano 3/2/07 239-775-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #