

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

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



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8034680	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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGGS, WILLIAM T 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AGNELLI, JOHN J 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIGGS, ANTONIA 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOIACANO, LISA 3050 NORTH HORSESHOE DR SUITE 105 NAPLES, FL 34104
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

U000000923586
05/16/08-80035-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/08 239.775.2230