2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

DOCUMENT# N05000000589

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

Current Principal Place of Business:

6704 LONE OAK BLVD
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

6704 LONE OAK BLVD
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 20-8034680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: DAVIS, ANTHONY J
Address: 25053 PEACOCK LN #202
City-St-Zip: NAPLES, FL 34114 US

Title: VP
Name: GILBERT, RONALD
Address: 25077 PEACOCK LN #101
City-St-Zip: NAPLES, FL 34114 US

Title: T
Name: SANDERS, AUDREY
Address: 25069 PEACOCK LN #201
City-St-Zip: NAPLES, FL 34114 US

Title: S
Name: HUNT, JEAN
Address: 25081 PEACOCK LN #101
City-St-Zip: NAPLES, FL 34114

Title: D
Name: STAHL, CHARLES
Address: 25084 PEACOCK LN #101
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BYRON L ROSS MGR 04/18/2012

Electronic Signature of Signing Officer or Director Date