

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90043 036 *****70.00

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1. Entity Name

ORCHID RESERVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4205 W ATLANTIC AVE SUITE 201
DELRAY BEACH FL 33445

Mailing Address

4205 W ATLANTIC AVE SUITE 201
DELRAY BEACH FL 33445



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1147941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: DST ☒ Delete
NAME: SUTTIN, EUGENE N
STREET ADDRESS: 4205 W ATLANTIC AVE SUITE 201
CITY-ST-ZIP: DELRAY BEACH FL 33445

TITLE: D ☒ Delete
NAME: ROMANOWSKI, STEVEN
STREET ADDRESS: 4205 W ATLANTIC AVE SUITE 201
CITY-ST-ZIP: DELRAY BEACH FL 33445

TITLE: DP ☒ Delete
NAME: WEITZ, KENNETH
STREET ADDRESS: 4205 W ATLANTIC AVE SUITE 201
CITY-ST-ZIP: DELRAY BEACH FL 33445

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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: PD ☐ Change ☒ Addition
NAME: GLADSTONE, FRED
STREET ADDRESS: 10349 ORCHID RESERVE DRIVE
CITY-ST-ZIP: WEST PALM BEACH, FL 33412

TITLE: UPD ☐ Change ☒ Addition
NAME: STOWER, RICHARD
STREET ADDRESS: 10263 ORCHID RESERVE DRIVE
CITY-ST-ZIP: WEST PALM BEACH, FL 33412

TITLE: TD ☐ Change ☒ Addition
NAME: CHET, ARNOLD
STREET ADDRESS: 10341 ORCHID RESERVE DRIVE
CITY-ST-ZIP: WEST PALM BEACH, FL 33412

TITLE: SD ☐ Change ☐ Addition
NAME: KIMMELMAN, PHYLLIS
STREET ADDRESS: 10230 ORCHID RESERVE DRIVE
CITY-ST-ZIP: WEST PALM BEACH, FL 33412

TITLE: D ☐ Change ☐ Addition
NAME: SCHWARTZ, MARION
STREET ADDRESS: 10330 ORCHID RESERVE DRIVE
CITY-ST-ZIP: WEST PALM BEACH, FL 33412

TITLE: D ☐ Change ☐ Addition
NAME: WISNENGRAD, JOEL
STREET ADDRESS: 10218 ORCHID RESERVE DRIVE
CITY-ST-ZIP: WEST PALM BEACH, FL 33412

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/07