

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90365 045 ****61.25

DOCUMENT # N05000011362 1. Entity Name ORCHID COMMONS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 12490 RIVERSIDE AVENUE FORT MYERS, FL 33919		Mailing Address 12490 RIVERSIDE AVENUE FORT MYERS, FL 33919	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 100831 Suite, Apt. #, etc.	
City & State Cape Coral FL		4. FEI Number 20-4352824	
Zip 33910		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DEVIC, BOZIDAR 12490 RIVERS DR FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name George Tcapue Street Address (P.O. Box Number is Not Acceptable) 2503 Del Prado Blvd. #500 City Cape Coral FL Zip 33904	
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 2-14-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	D DEVIC, BOZIDAR 12490 RIVERSIDE DR FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D DEVIC, RENEE 12490 RIVERSIDE AVENUE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	President JASON TRAMONTE 1625 SE 46th STREET CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D DEVIC, YANNICK 12490 RIVERSIDE AVENUE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	Vice President STEVE KRIEG 1625 SE 46th Street Cape Coral, FL 33904	<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
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:			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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