

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N06000000674

1. Entity Name  
ORCHID GROVE I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
5555 ANGLERS AVE., SUITE 1A  
FT. LAUDERDALE, FL 33312

Mailing Address  
5555 ANGLERS AVE., SUITE 1A  
FT. LAUDERDALE, FL 33312

FILED  
60 Apr 03, 2008 08:00  
6-01-0500 Secretary of State

**POSTED**  
2/27/08  
RK



03122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5686008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

REGISTERED AGENTS OF FLORIDA, L.L.C.  
100 SE 2ND ST., SUITE 2900  
MIAMI, FL 33131-2130

**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

U00000979848  
04/15/08-80034-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DECASTRO, DONALD
STREET ADDRESS	5555 ANGLERS AVE., SUITE 1A
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312

TITLE	VD
NAME	NELSON, ADRIANA
STREET ADDRESS	5555 ANGLERS AVE., SUITE 1A
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312

TITLE	STD
NAME	COLINA, CHRISTIAN
STREET ADDRESS	5555 ANGLERS AVE., SUITE 1A
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #