## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N06000007471

1. Entity Name

ORCHID LANDING PROPERTY OWNERS' ASSOCIATION, INC.



FILED Jan 14, 2008 08:00 A Secretary of State

Principal Place of Business

SIGNATURE:

1401 EAST BROWARD BLVD SUITE 206 FT. LAUDERDALE, FL 33301

Mailing Address

1401 EAST BROWARD BLVD SUITE 206 FT. LAUDERDALE, FL 33301



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-8422559 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ESQUIRE VENTURES, LLC 1401 EAST BROWARD BLVD SUITE 206 FORT LAUDERDALE, FL 33301

## DO NOT WRITE IN THIS SPACE

1/4/08

954-462-7806

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, 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	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, PETER 1401 EAST BROWARD BLVD SUITE FT. LAUDERDALE, FL 33301	206			J100000782720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEFFERNAN, BART 1401 EAST BROWARD BLVD SUITE 206 FT. LAUDERDALE, FL 33301			000000782720 01/15/08-80085-006 616.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, BRUCE 1401 EAST BROWARD BLVD SUITE FT. LAUDERDALE, FL 33301	206		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			n.			
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 cortify 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 pain all other like empowered.						

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR