

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

DOCUMENT # N06000009448

1. Entity Name
ORCHARD PARK ASSOCIATION, INC.



Principal Place of Business
12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455

Mailing Address
12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455

FILED

Jul 11, 2008 08:00 AM
Secretary of State



07082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5508230

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCNAMARA, JAMES R
12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455

**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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GEORGE, DAVID SAN JR.
STREET ADDRESS 12825 S.E. SUZANNE DRIVE
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE VD
NAME MCNAMARA, JAMES R
STREET ADDRESS 12825 S.E. SUZANNE DRIVE
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE STD
NAME ROSS, KATHERINE
STREET ADDRESS 12825 S.E. SUZANNE DRIVE
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE D
NAME MCNAMARA, LAWRENCE W
STREET ADDRESS 12825 S.E. SUZANNE DRIVE
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000954281
07/11/08-80006-012 70.00

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:

David A. SanGeorge

7/8/08

772-546-5144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #