

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000009712

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



Principal Place of Business

5555 ANGLERS AVENUE SUITE 1A
FT LAUDERDALE, FL 33312

Mailing Address

5555 ANGLERS AVENUE SUITE 1A
FT LAUDERDALE, FL 33312

6-01-0 FILED
Apr 03, 2008 08:00 AM

Secretary of State

POSTED
3/27/08
RK



03122008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-5686047

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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6. Name and Address of Current Registered Agent

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

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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

000000873854
04/15/08-80034-015 61.25

10. OFFICERS AND DIRECTORS

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

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

TITLE STD
NAME COLINA, CHRISTIAN
STREET ADDRESS 5555 ANGLERS AVENUE SUITE 1
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

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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: *Donald A. Decastro*

3/26/08