

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000012407**

1. Entity Name  
**ORCHID SOCIETY HIGHLANDS, INC.**



Principal Place of Business  
**221 LAKERIM COURT  
LAKE PLACID, FL 33852**

Mailing Address  
**221 LAKERIM COURT  
LAKE PLACID, FL 33852**



01232008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0478366</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**DONALDSON, DEVON P  
120 SOUTH ANOKA AVENUE  
AVON PARK, FL 33825**

**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**

U00000888556  
04/22/08-80017-015 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FABIK, EDWARD 221 LAKERIM COURT LAKE PLACID, FL 33852
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROSS, BILL 1110 SYCAMORE ST LAKE PLACID, FL 33852
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EWBANK, BARBARA 9230 BRIDAL PATH SEBRING, FL 33872
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILLER, BETSY 146 LAKE DRIVE BLVD SEBRING, FL 33875
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:**

*Edward Fabrik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-08

Date

863-465-2830

Daytime Phone #