

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90193 030 \*\*\*\*61.25

<b>DOCUMENT # N11764</b> 1. Entity Name ORCHID ISLE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business <del>2565 RIVERVIEW CT</del> <b>2625 RIVERVIEW CT.</b> VERO BEACH, FL 32963 US				Mailing Address POST OFFICE BOX 39 WABASSO, FL 32970 US	
2. Principal Place of Business - No P.O. Box # <b>2625 RIVERVIEW CT.</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>40068371</b> 	
City & State <b>VERO BEACH, FL</b>		City & State		4. FEI Number <b>65-0197809</b>	
Zip <b>32963</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MOLLOY, ANDREW</b> <b>2565 RIVERVIEW CT</b> <b>VERO BEACH, FL 32963</b>				7. Name and Address of New Registered Agent Name <b>ROSALIE HAKKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>2625 RIVERVIEW CT.</b> City <b>VERO BEACH</b> <b>FL</b> Zip Code <b>32963</b>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <b>ROSALIE HAKKER</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%;"> <b>4/9/2007</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ROSALIE HAKKER, ROSLIE</b> <del>PO BOX 8004</del> <b>2625 RIVERVIEW CT.</b> <b>VERO BCH, FL 32964 32963</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>COLL, BERNIE</b> <b>8745 SEACREST DR</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>GENSEL, RICHARD</b> <b>8710 SEACREST DR</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>MURPHY, MICHAEL</b> <b>8760 SEACREST DRIVE</b> <b>VERO BEACH, FL 32963</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DUBE, PETER</b> <b>8520 SEACREST DR</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ELIZABETH VILLARES SALT</b> <b>8505 SEACREST DR.</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ELIZABETH VILLARES SALT</b> <b>8505 SEACREST DR</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <b>RICHARD H. GENSEL</b> <b>4/8/07</b> <b>772-559-5261</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					