

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90096 019 ****61.25

DOCUMENT # N21629	
1. Entity Name THE ORR'S POND HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business THE FOSTER CO. 12396 SW 82ND AVENUE MIAMI, FL 33156	Mailing Address THE FOSTER CO. 12396 SW 82ND AVENUE MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box # 9000 SW 152nd Street	3. Mailing Address 9000 SW 152nd Street
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33157	Country USA

40047386

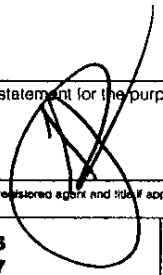


01112007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0063950	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCOTT, F. JOSEPH 12396 SW 82ND AVENUE MIAMI, FL 33156	7. Name and Address of New Registered Agent: Name F. JOSEPH SCOTT Street Address (P.O. Box Number is Not Acceptable) 9000 S.W. 152nd Street #102 City MIAMI FL 33157
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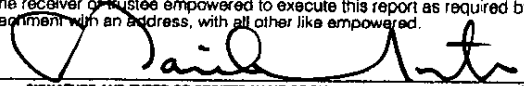
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PB TD	☐ Delete	TITLE PD Sharon Rothberg	☐ Change ☒ Addition
NAME MORTON, DAVID		NAME 6469 SW 72 ST	
STREET ADDRESS 6465 S.W. 72 STREET		STREET ADDRESS MIAMI FL 33143	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP MIAMI FL 33143	
TITLE D	☒ Delete	TITLE SD DALE HANING	☐ Change ☒ Addition
NAME GOULD, GERALD		NAME 6487 SW 72 ST	
STREET ADDRESS 6489 SW 72 STREET		STREET ADDRESS MIAMI FL 33143	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP MIAMI FL 33143	
TITLE VPD	☒ Delete	TITLE D YOLANDA COUNDRIS	☐ Change ☒ Addition
NAME HANING, ROSIE		NAME 6477 SW 72 ST	
STREET ADDRESS 6487 SW 72ND STREET		STREET ADDRESS MIAMI FL 33143	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP MIAMI FL 33143	
TITLE SD VPD	☐ Delete	TITLE D CAROLINA BRUMBAUGH	☐ Change ☒ Addition
NAME CHAFFIN, SUZANNE		NAME 6479 SW 72 ST	
STREET ADDRESS 6467 SW 72ND STREET		STREET ADDRESS MIAMI FL 33143	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP MIAMI FL 33143	
TITLE ID D	☐ Delete	TITLE D	☐ Change ☐ Addition
NAME FELDMAN, KENNETH		NAME 6495 S.W. 72 STREET	
STREET ADDRESS 6495 S.W. 72 STREET		STREET ADDRESS MIAMI, FL 33143	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP MIAMI, FL 33143	
TITLE D	☒ Delete	TITLE D	☐ Change ☐ Addition
NAME ROTHBERG, MARTIN		NAME 6469 S.W. 72ND STREET	
STREET ADDRESS 6469 S.W. 72ND STREET		STREET ADDRESS MIAMI, FL 33143	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP MIAMI, FL 33143	

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:  2.13.07 305-753-1798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **David Morton** Date Daytime (xxx) xxx-xxxx