

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21629

FILED
Mar 27, 2009
Secretary of State

Entity Name: THE ORR'S POND HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9000 SW 152ND STREET
#102
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

9000 SW 152ND STREET
#102
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0063950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, F. JOSEPH
9000 SW 152ND STREET #102
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORTON, DAVID
Address: 6465 SW 72 STREET
City-St-Zip: MIAMI, FL 33143

Title: SD () Delete
Name: HANING, DALE
Address: 6487 SW 72ND ST
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: GOULD, GERALD
Address: 6489 SW 72 STREET
City-St-Zip: MIAMI, FL 33143

Title: VPD () Delete
Name: CHAFFIN, SUZANNE
Address: 6467 SW 72ND STREET
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: ROTHBERG, MARTIN
Address: 6469 SW 72
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: BRUMBAUGH, CAROLINA
Address: 6479 SW 72 ST
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: JOHNSON, CHARLES
Address: 6495 SW 72 STREET
City-St-Zip: MIAMI, FL 33143

Title: D (X) Change () Addition
Name: CHAFFIN, SUZANNE
Address: 6467 SW 72ND STREET
City-St-Zip: MIAMI, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NEWCOMM, KATIE
Address: 6483 SW 72 ST
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MORTON

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date