

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21629

FILED  
Apr 07, 2012  
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  
Name: MORTON, DAVID  
Address: 6465 SW 72 STREET  
City-St-Zip: MIAMI, FL 33143

Title: SD  
Name: GORDON, JILL  
Address: 6475 SW 72 STREET  
City-St-Zip: MIAMI, FL 33143

Title: TD  
Name: JOHNSON, CHARLES  
Address: 6495 SW 72 STREET  
City-St-Zip: MIAMI, FL 33143

Title: VPD  
Name: ROTHBERG, MARTIN  
Address: 6469 SW 72 STREET  
City-St-Zip: MIAMI, FL 33143

Title: D  
Name: ARANDT, LEWIS  
Address: 6481 SW 72 STREET  
City-St-Zip: MIAMI, FL 33143

Title: D  
Name: GOULD, GERALD  
Address: 6489 SW 72 ST  
City-St-Zip: MIAMI, FL 33143

I hereby 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 all other like empowered.

SIGNATURE: DAVID MORTON

P

04/07/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date