

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90010 035 ****61.25

DOCUMENT # N25806

1. Entity Name

THE ORCHARDS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

8010 SE ORCHARD TERR
HOBE SOUND FL 33455

Mailing Address

P.O. BOX 2116
HOBE SOUND FL 33475-2116



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIN, MICHAEL A
8010 SE ORCHAR TER
HOBE SOUND FL 33455

Delete

Name *Cheryl A Seville*

Street Address (P.O. Box Number is Not Acceptable)

7993 SE Orchard Terrace

Hobe Sound,

City

FL

Zip Code

33455

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

Cheryl A. Seville

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/08

FILE NOW: FEE IS \$61.25

Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NESS, GREGORY	
STREET ADDRESS	8089 SE ORCHARD TERRACE	
CITY- ST- ZIP	HOBE SOUND FL 33455	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WEIMER, DARREN	
STREET ADDRESS	8121 SE ORCHARD TERRACE	
CITY- ST- ZIP	HOBE SOUND FL 33455	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WEIN, MICHAEL A	
STREET ADDRESS	8010 SE ORCHARD TER	
CITY- ST- ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Henderson	
STREET ADDRESS	8074 SE Orchard Terrace	
CITY- ST- ZIP	Hobe Sound, FL 33455	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Clifton	
STREET ADDRESS	8170 SE Orchard Terrace	
CITY- ST- ZIP	Hobe Sound, FL 33455	
TITLE	Secretary / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl A Seville	
STREET ADDRESS	7993 SE Orchard Ter	
CITY- ST- ZIP	Hobe Sound, FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cheryl A. Seville

2/4/08

772-545-1248