

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26178

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** ORCHID BAY PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5000 S.W. MAPP ROAD  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 705  
PALM CITY, FL 34991

**New Mailing Address:**

**FEI Number:** 65-0519997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAMES N. KRIVOK, ESQ,  
DICKER, KRIVOK & STOLOFF, P.A.  
1818 AUSTRALIAN AVENUE SOUTH, SUITE 400  
WEST PALM BEACH, FL 33409 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: P  
Name: CLARK, PAT  
Address: 5547 SW CORAL TREE LANE  
City-St-Zip: PALM CITY, FL 34990

Title: VP  
Name: HAMMOND, ARTHUR  
Address: 1365 SW JASMINE TRACE  
City-St-Zip: PALM CITY, FL 34990

Title: S  
Name: BABBINI, BARBARA  
Address: 5591 SW CORAL TREE LANE  
City-St-Zip: PALM CITY, FL 34990

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: JAMES N. KRIVOK, ESQ,

RA

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date