

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33503

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** ORCHID ISLAND GOLF & BEACH COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1 BEACHSIDE DR  
TOWN OF ORCHID, FL 32963 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 BEACHSIDE DR  
TOWN OF ORCHID, FL 32963 US

**New Mailing Address:**

**FEI Number:** 65-0194373      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ERICKSON, PAUL  
340 ROYAL PONCIANNA  
PALM BEACH, FL 33480 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 ( ) Delete  
Name: JOHNSON, REID  
Address: 922 ORCHID POINT WAY  
City-St-Zip: ORCHID, FL 32963

Title: V ( ) Delete  
Name: CONNORS, JOSEPH  
Address: 40 BCHSIDE DR 301  
City-St-Zip: VERO BEACH, FL 32963

Title: ST ( ) Delete  
Name: RIPP, ROBERT  
Address: 920 ORCHID POINT WAY  
City-St-Zip: ORCHID, FL 32963

Title: D ( ) Delete  
Name: GRANDY, MARY  
Address: 708 GROVE PLACE  
City-St-Zip: ORCHID, FL 32963

Title: D ( ) Delete  
Name: CANFIELD, GENE  
Address: 530 WHITE PELICAN CIRCLE  
City-St-Zip: ORCHID, FL 32963

Title: D ( ) Delete  
Name: MILSTEN, NANCY  
Address: 545 WHITE PELICAN CIRCLE  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RIPP, ROBERT  
Address: 920 ORCHID POINT WAY  
City-St-Zip: ORCHID, FL 32963

Title: V (X) Change ( ) Addition  
Name: CONNORS, JOSEPH  
Address: 40 BEACHSIDE DR 301  
City-St-Zip: ORCHID, FL 32963

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

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

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

Title: D (X) Change ( ) Addition  
Name: JOAQUIM, PATRICIA  
Address: 100 SEASPRAY LANE  
City-St-Zip: ORCHID, FL 32963

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: J ROBERT TENCH

GM

04/23/2009

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

\_\_\_\_\_  
Date