

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33503

FILED
Apr 26, 2011
Secretary of State

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

Current Principal Place of Business:

1 BEACHSIDE DR
ORCHID, FL 32963 US

New Principal Place of Business:

Current Mailing Address:

1 BEACHSIDE DR
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:

CORNETT, JANE L
401 E. OSCEOLA STREET
FIRST FLOOR
STUART, FL 34994 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: JOAQUIM, PATRICIA MRS
Address: 100 SEASPRAY LANE
City-St-Zip: ORCHID, FL 32963

Title: V
Name: SKRZYPCZAK, CASIMIR MR
Address: 413 INDIES DRIVE
City-St-Zip: ORCHID, FL 32963

Title: ST
Name: WALSH, PATRICK MR
Address: 923 ORCHID POINT WAY
City-St-Zip: ORCHID, FL 32963

Title: D
Name: ALEWINE, RALPH DR
Address: 717 GROVE PLACE
City-St-Zip: ORCHID, FL 32963

Title: D
Name: MARINO, FREDERICK MR
Address: 606 HERON POINT COURT
City-St-Zip: ORCHID, FL 32963

Title: D
Name: ORCZYK, LYNN MRS
Address: 711 GROVE PLACE
City-St-Zip: ORCHID, FL 32963

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: PATRICIA JOAQUIM

P

04/26/2011

Electronic Signature of Signing Officer or Director

Date