

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90076 039 ****61.25

DOCUMENT # N47362

1. Entity Name

THE ORCHARD, PHASE I, HOMEOWNER'S
ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 211045
S DAYTONA FL 32121
US

Mailing Address

P.O. BOX 211045
S DAYTONA FL 3212
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3262584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRADEN, COLLEEN A ESQ
1900 SUMMIT TOWER BLVD
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 P ☐ Delete
NAME STYGLES, JOANNE
STREET ADDRESS 177 DESKIN DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE VPD ☐ Delete
NAME BARNES, GARY
STREET ADDRESS 115 OLD SUNBEAM DR
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE TD ☐ Delete
NAME WEISSINGER, CARLENE
STREET ADDRESS 173 DESKIN RIVE
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE D ☐ Delete
NAME BERTHIAUME, LINDA
STREET ADDRESS 142 OLD SUNBEAM DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE S ☐ Delete
NAME BERTHISUME, LINDA
STREET ADDRESS 142 OLD SUNBEAM DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME JACHELSKI, LARRY
STREET ADDRESS 106 OLD SUNBEAM DRIVE
CITY-ST-ZIP SOUTH DAYTONA, FL 32119

TITLE VPD ☒ Change ☐ Addition
NAME TEACHOUT, ROBERT
STREET ADDRESS 126 OLD SUNBEAM DRIVE
CITY-ST-ZIP SOUTH DAYTONA, FL 32119

TITLE T/D ☒ Change ☐ Addition
NAME SUE TUFLI
STREET ADDRESS 71 OLD SUNBEAM DRIVE
CITY-ST-ZIP SOUTH DAYTONA, FL 32119

TITLE S ☒ Change ☐ Addition
NAME ANN PALMIERI
STREET ADDRESS 169 DESKIN DRIVE
CITY-ST-ZIP SOUTH DAYTONA, FL 32119

TITLE D ☒ Change ☐ Addition
NAME GARY BARNES
STREET ADDRESS 1150 OLD SUNBEAM DRIVE
CITY-ST-ZIP SOUTH DAYTONA, FL 32119

TITLE ☐ Change ☐ 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

[Handwritten Signature]