## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N47362

FILED Jan 12, 2009 Secretary of State

Entity Name: THE ORCHARD, PHASE I, HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 211045 71 OLD SUNBEAM DR.(TREASURER) S DAYTONA, FL 32121 S DAYTONA, FL 32119 US **Current Mailing Address: New Mailing Address:** P.O. BOX 211045 P.O. BOX 211045 S DAYTONA, FL 3212 US S DAYTONA, FL 32119 US FEI Number: 59-3262584 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRADEN, COLLEEN A ESQ. 1900 SUMMIT TOWER BLVD ORLANDO, FL 32810 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition QUISTAD, JAMES QUISTAD, JAMES Name: Name: 142 DESKIN DR Address: 142 DESKIN DR Address: City-St-Zip: SOUTH DAYTONA BEACH, FL 32119 City-St-Zip: SOUTH DAYTONA BEACH, FL 32119 Title: () Delete Title: (X) Change ( ) Addition TEACHOUT, ROBERT Name: TAYNOR, JOE Name: Address: 126 OLD SUNBEAM DR Address: 95 OLD SUNBEAM DR City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: SOUTH DAYTONA, FL 32119 Title: Title: () Change () Addition () Delete TUFFLI, SUE Name: Name: 71 OLD SUNBEAM DR Address: Address: City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: PALMIERI, ANN Name: Address: 169 DESKIN DR Address: City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: Title: () Delete Title: () Change () Addition BARNES, GARY Name: Name: 1150 OLD SUNBEAM DR Address: Address: City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition SCHEFFER, GLEN Name: Name: Address: Address: 99 OLD SUNBEAM DR. SOUTH DAYTONA, FL 32119 City-St-Zip: City-St-Zip:

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: SUE TUFFLI T 01/12/2009