

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90055 018 ****61.25

DOCUMENT # N48533

1. Entity Name
**THE ORCHARD, PHASE II, HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**PO BOX 211343
SOUTH DAYTONA, FL 32121-1343 US**

Mailing Address
**PO BOX 211343
SOUTH DAYTONA, FL 32121-1343 US**

50016833



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3262584

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUSTIN, MICHELE
157 BRYAN CAVE RD
SOUTH DAYTONA, FL 32119**

Name **MEADOWS, KAREN**

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

3 OLD SUNBEAM DRIVE

City **SOUTH DAYTONA**

FL

Zip Code
32119

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 *Karen Meadows*

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

(NOTE: Registered Agent signature required when reinstating)

2/12/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **AUSTIN, MICHELE**
STREET ADDRESS **157 BRYAN CAVE RD**
CITY-ST-ZIP **SOUTH DAYTONA, FL 32119**

TITLE **SD** ☐ Change ☒ Addition
NAME **MEADOWS, KAREN**
STREET ADDRESS **3 OLD Sunbeam Dr.**
CITY-ST-ZIP **South Daytona, FL 32119**

TITLE **DT** ☐ Delete
NAME **CREGGAR, WADE**
STREET ADDRESS **42 OLD SUNBEAM DR.**
CITY-ST-ZIP **SOUTH DAYTONA, FL 32119**

TITLE **D** ☐ Change ☒ Addition
NAME **TERRY BACH**
STREET ADDRESS **141 BRYAN CAVE RD**
CITY-ST-ZIP **South Daytona, FL 32119**

TITLE **DV** ☐ Delete
NAME **BACH, CAROL**
STREET ADDRESS **141 BAYAN CAVE. RD.**
CITY-ST-ZIP **SOUTH DAYTONA, FL 32119**

TITLE **D** ☐ Change ☒ Addition
NAME **DANENG FISHER**
STREET ADDRESS **18 OLD Sunbeam Dr.**
CITY-ST-ZIP **South Daytona, FL 32119**

TITLE **DS** ☐ Delete
NAME **ROGERS, CAROL**
STREET ADDRESS **145 BAYAN CANE RD.**
CITY-ST-ZIP **SOUTH DAYTONA, FL 32119**

TITLE **D** ☐ Change ☒ Addition
NAME **JACKIE JOHNSON**
STREET ADDRESS **19 OLD Sunbeam Dr.**
CITY-ST-ZIP **South Daytona, FL 32119**

TITLE **D** ☒ Delete
NAME **DEPRATO, FLO**
STREET ADDRESS **941 PIZARRO DR**
CITY-ST-ZIP **SOUTH DAYTONA, FL 32119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MEADOWS, ED**
STREET ADDRESS **3 OLD SUNBEAM DR.**
CITY-ST-ZIP **DAYTONA BEACH, 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 exemption stated in Section 119.07(3)(i), 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: *Wade A. Cregar* **WADE A. CREGGAR** **2/9/05** **386-522-1695**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #