2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # N48533 1. Entity Name THE ORCHARD, PHASE II, HOMEOWNER'S ASSOCIATION, INC.							006 90065 (
Principal Place of Business PO BOX 211343 SOUTH DAYTONA, FL 32121-1343 US Mailing Address PO BOX 211343 SOUTH DAYTONA, FL 32121-1343 US SOUTH DAYTONA, FL 32121-1343 US			2121-134	43 US	\$	RIBSI IDTRI BITOS	III SE IIII KASH BISII	HAN BIEN BURI BI	1211 0 0 21 200 1
2. Principal P	face of Business	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·······	03062006	Chg-NP	CR2E	037 (11/05)	
City & State		City & State			4. FEI Numbe 59-3262	2584			oplied For ot Applicable
Zip	Country	Zip	Count	тy	5. Certificate	of Status Des	ired 🗀	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MEADONE KADEN				Name CAROL BACHI					
MEADOWS, KAREN 3 OLD SUNBEAM DRIVE SOUTH DAYTONA, FL 32119				Street Address (P.O. Box Number is Not Acceptable)					
				141 City C	BRYAN CTH DAYT	CAVE	ROAD -	- Zin Cod	in.
				Sov	CTH DAGT	ONA	F		719
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	egistered					n familiar with,	and accept
	County Day	o f					20	. ,	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: 9	Registered A	gent signature requ	ired when reinstating)		3-8-6	06	
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Fina	ancing	\$5.00 May Be Added to Fees	9	DATE	ck payable t	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under ceth; 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 ap address, with all other like empowered.

SIGNATURE:

MINATURE AND TYPED OR PRINTED WARE OF SIGNINGS OFFICER OR ORSECTOR

3/6/06

386-405-6167