

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2006 90065 008 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEADOWS, KAREN 3 OLD SUNBEAM DRIVE SOUTH DAYTONA, FL 32119			Name CAROL BACHI Street Address (P.O. Box Number is Not Acceptable) 141 BRYAN CAVE ROAD 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 <i>Carol L. Bachi</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 3-8-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 DV <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MEADOWS, KAREN		NAME	JACK JOHNSON	
STREET ADDRESS	3 OLD SUNBEAM DR		STREET ADDRESS	19 OLD SUNBEAM DR.	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP	SOUTH DAYTONA, FL 32119	
TITLE	DT <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CREGGAR, WADE		NAME	DALE WALTER	
STREET ADDRESS	42 OLD SUNBEAM DR.		STREET ADDRESS	50 OLD SUNBEAM DR.	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP	SOUTH DAYTONA, FL 32119	
TITLE	DV SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BACHI, CAROL		NAME		
STREET ADDRESS	141 BAYAN CAVE. RD.		STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, CAROL		NAME		
STREET ADDRESS	145 BAYAN CAVE RD.		STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BACHI, TERRY		NAME		
STREET ADDRESS	141 BRYAN CAVE RD		STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, DANENE		NAME		
STREET ADDRESS	18 OLD SUNBEAM DR		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP		
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 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: <i>Wade G. Clegg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXEMPTED OFFICER OR DIRECTOR</small>			Date 3/6/06 Daytime Phone # 386-405-6107		