

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90135 041 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3262584	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BACHI, TERRY 141 BRYAN CAVE ROAD SOUTH DAYTONA, FL 32119			7. Name and Address of New Registered Agent Name Downs, Christine Street Address (P.O. Box Number is Not Acceptable) 4601 Old Sunbeam Dr 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 <u><i>Claudette Bergman</i></u> DATE <u>4/25/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DV MEADOWS, KAREN 3 OLD SUNBEAM DR SOUTH DAYTONA, FL 32119	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BERGMAN, Claudette 146 BRYAN CAVE RD SOUTH DAYTONA FL 32119	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CREGGAR, WADE 42 OLD SUNBEAM DR. SOUTH DAYTONA, FL 32119	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEAL Lisa 162 BRYAN CAVE RD SOUTH DAYTONA FL 32119	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DOWNS, CHRISTINE 46 OLD SUN BEAM DR. SOUTH DAYTONA, FL 32119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mullaney, Nellie 134 BRYAN CAVE RD SOUTH DAYTONA FL 32119	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FREEMAN, RUTH 168 BRYAN CAVE RD SOUTH DAYTONA, FL 32119	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BACHI, TERRY 141 BRYAN CAVE RD SOUTH DAYTONA, FL 32119	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JACK 18 OLD SUNBEAM DR DAYTONA BEACH, FL 32119	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <u><i>Claudette Bergman</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/25/08</u> Daytime Phone # <u>386 788 5849</u>		