


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90010 011 ****61.25

DOCUMENT # N92000000222 1. Entity Name ORCHARD WALK OWNERS ASSOCIATION, INC.					
Principal Place of Business 4003 HARTLEY ROAD JACKSONVILLE, FL 32257 US			Mailing Address 4003 HARTLEY ROAD JACKSONVILLE, FL 32257		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3169427	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CANTRELL, BRYAN K 4003 HARTLEY ROAD JACKSONVILLE, FL 32257				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MATUSKIEWICZ, JUDY <input type="checkbox"/> Delete 10767 ORCHARD WALK PLACE WEST JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, PATRICIA <input type="checkbox"/> Delete 3450 ORCHARD WALK PLACE JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHEVES, KEVIN <input checked="" type="checkbox"/> Delete 10768 ORCHARD WALK PL W JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition IONESCU, MIHAELA 10785 ORCHARD WALK PL. W. JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MINNON, CHRISTOPHER <input checked="" type="checkbox"/> Delete 10761 ORCHARD WALK PLACE WEST JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KASS, JAMES 10710 ORCHARD WALK PL. JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARFSTROM, FRED <input type="checkbox"/> Delete 10780 ORCHARD WALK PLACE WEST JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Judith Matuskiewicz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-9-05</u> Daytime Phone # <u>904-363-0016, Ext. 26</u>		

JUDITH MATUSKIEWICZ