## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N92000000222

FILED Apr 22, 2008 Secretary of State

Entity Name: ORCHARD WALK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4003 HARTLEY ROAD JACKSONVILLE, FL 32257 LIS **Current Mailing Address: New Mailing Address:** 4003 HARTLEY ROAD JACKSONVILLE, FL 32257 FEI Number: 59-3169427 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CANTRELL, BRYAN K 4003 HARTLEY ROAD JACKSONVILLE, FL 32257 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MATUSKIEWICZ, JUDY Name: Name: 10767 ORCHARD WALK PLACE WEST Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: SD ( ) Delete Title: (X) Change ( ) Addition WILSON, JUDITH Name: ARFSTROM, FRED Name: Address: 10791 ORCHARD WALK PL W Address: 10786 ORCHARD WALK PLACE W City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: (X) Change ( ) Addition JONESJCU, MIHAELA COPELAND, BRADY Name: Name: 10785 ORCHARD WALK PL W. 10709 ORCHARD WALK PLACE W. Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257 Title: VD ( ) Delete Title: SD (X) Change ( ) Addition Name: ARFSTROM, FRED Name: KURTIAK, REBEKAH 10780 ORCHARD WALK PLACE WEST 10713 ORCHARD WALK TERRACE Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257 Title: ( ) Delete Title: (X) Change ( ) Addition KORN, PHIL BURGESS, MARY Name: Name: 3438 ORCHARD WALK PL 10779 ORCHARD WALK PLACE W. Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY MATUSKIEWICZ PD 04/22/2008