2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N92000000222

Entity Name: ORCHARD WALK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4003 HARTLEY ROAD
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

4003 HARTLEY ROAD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3169427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANTRELL, BRYAN K
4003 HARTLEY ROAD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: MATUSKIEWICZ, JUDY
Address: 10767 ORCHARD WALK PLACE WEST
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD ( ) Delete
Name: ARFSTROM, FRED
Address: 10786 ORCHARD WALK PLACE W
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD ( ) Delete
Name: COPELAND, BRADY
Address: 10709 ORCHARD WALK PLACE W.
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD ( ) Delete
Name: KURTIAK, REBEKAH
Address: 10713 ORCHARD WALK TERRACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: BURGESS, MARY
Address: 10779 ORCHARD WALK PLACE W.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 04/27/2009

Electronic Signature of Signing Officer or Director Date