

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000001359 (8)
 1. Corporation Name
THE ORCHARDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **6702 LONE OAK BLVD. NAPLES FL 33942**
 Mailing Address: **6702 LONE OAK BLVD. NAPLES FL 33942**

3. Date Incorporated or Qualified: **03/15/1994**
 3a. Date of Last Report: **04/26/1995**
 4. FEI Number: **65-0475573**
 Applied For: Yes Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country
 25. Country
 26. Mailing Address
 27. Suite, Apt. #, etc.
 28. City & State
 29. Zip
 30. Country

9. Name and Address of Current Registered Agent
RUEMLER, TIM
6702 LONE OAK BLVD.
NAPLES FL 33942

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAYS, KEVIN	
STREET ADDRESS	6702 LONE OAK BLVD.	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WEAWERT, TOM	
STREET ADDRESS	6702 LONE OAK BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FLISS, DIANA	
STREET ADDRESS	6702 LONE OAK BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ATKINS, CHRIS	
STREET ADDRESS	6702 LONE OAK BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, MIKE	
STREET ADDRESS	6702 LONE OAK BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Diana Fliss	
1.3 STREET ADDRESS	6702 Lone Oak Blvd.	
1.4 CITY-ST-ZIP	Naples, FL 33942	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Scott Anderson	
2.3 STREET ADDRESS	6702 Lone Oak Blvd	
2.4 CITY-ST-ZIP	Naples, FL 33942	
3.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kevin Mays	
3.3 STREET ADDRESS	6702 Lone Oak Blvd.	
3.4 CITY-ST-ZIP	Naples, FL 33942	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jim Wiley	
4.3 STREET ADDRESS	100 Vineyards Blvd.	
4.4 CITY-ST-ZIP	Naples, FL 33999	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John Ramos	
5.3 STREET ADDRESS	100 Vineyards Blvd.	
5.4 CITY-ST-ZIP	Naples, FL 33999	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [Signature] PRESIDENT Date: 6/19/96 Daytime Phone #: 941-598-4145

CR2E037 (3/96)