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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
6702 LONE OAK BLVD. NAPLES FL 33942 6702 LONE OAK BLVD. NAPLES FL 34109-6834

3. Date Incorporated or Qualified 03/15/1994 3a. Date of Last Report 07/26/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 65-0475573 Applied For Not Applicable

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUEMLER, TIM
6702 LONE OAK BLVD.
NAPLES FL 33942

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 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLISS, DIANA	
STREET ADDRESS	6702 LONE OAK BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, SCOTT	
STREET ADDRESS	6702 LONE OAK BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MAYS, KEVIN	
STREET ADDRESS	6702 LONE OAK BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILEY, JIM	
STREET ADDRESS	100 VINEYARDS BLVD	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMOS, JOHN	
STREET ADDRESS	100 VINYARDS BLVD	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FLISS, DIANA	
1.3 STREET ADDRESS	6702 LONE OAK BLVD	
1.4 CITY-ST-ZIP	NAPLES, FL 34109	
2.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRIAN PAUL	
2.3 STREET ADDRESS	6702 LONE OAK BLVD	
2.4 CITY-ST-ZIP	NAPLES, FL 34109	
3.1 TITLE	Vice President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MIKE MCLEOD	
3.3 STREET ADDRESS	6702 LONE OAK BLVD	
3.4 CITY-ST-ZIP	NAPLES, FL 34109	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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]* REQUIRED FLISS 1/20/97 941-598-4145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069709

CR2E037 (9/96)