


FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/15/1994	
4. FEI Number 65-0475573	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2640 GOLDEN GATE PKWAY Suite, Apt. #, etc. 22 114 City & State 23 NAPLES FL Zip 24 34105 Country 25 USA	2a. Mailing Address 26 2640 GOLDEN GATE PKWAY Suite, Apt. #, etc. 27 114 City & State 28 NAPLES FL Zip 29 34105 Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

10. Name and Address of New Registered Agent
 81 Name **RAMOS, JOHN**
 82 Street Address (P.O. Box Number is Not Acceptable)
7762 #202 GARDNER DR
 83
 84 City **NAPLES** FL 85 Zip Code **34109**

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 of an familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	S	<input checked="" type="checkbox"/>
NAME	FLISS, DIANA	
STREET ADDRESS	6702 LONE OAK BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	BRIAN, PAUL	
STREET ADDRESS	6702 LONE OAK BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPT	<input checked="" type="checkbox"/>
NAME	MCLEOD, MIKE	
STREET ADDRESS	6702 LONE OAK BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/>
NAME	WILEY, JIM	
STREET ADDRESS	100 VINEYARDS BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/>
NAME	RAMOS, JOHN	
STREET ADDRESS	100 VINEYARDS BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	S BUXTON, REG	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	7816 GARDNER # 203		
1.3 STREET ADDRESS	NAPLES FL 34109		
1.4 CITY-ST-ZIP	NAPLES FL 34109		
2.1 TITLE	D KELLER, LAWRENCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	7732 GARDNER # 102		
2.3 STREET ADDRESS	NAPLES FL 34109		
2.4 CITY-ST-ZIP	NAPLES FL 34109		
3.1 TITLE	TR KIDWELL, LAMAR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	7744 GARDNER # 103		
3.3 STREET ADDRESS	NAPLES, FL 34109		
3.4 CITY-ST-ZIP	NAPLES, FL 34109		
4.1 TITLE	D WILEY, JIM	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	7717 GARDNER DR # 201		
4.3 STREET ADDRESS	NAPLES, FL 34109		
4.4 CITY-ST-ZIP	NAPLES, FL 34109		
5.1 TITLE	PR RAMOS, JOHN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	7762 GARDNER DR # 202		
5.3 STREET ADDRESS	NAPLES, FL 34109		
5.4 CITY-ST-ZIP	NAPLES, FL 34109		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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]*

CR2E037 (10/97)