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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001359

1. Corporation Name

THE ORCHARDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2640 GOLDEN GATE PKWY  
114  
NAPLES FL 34105  
US

Mailing Address

2640 GOLDEN GATE PKWY  
114  
NAPLES FL 34105  
US



2. Principal Place of Business

270 THE CONTINENTAL GROUP

2a. Mailing Address

2670 THE CONTINENTAL GROUP

3. Date incorporated or Qualified  
03/15/1994

Suite, Apt. #, etc.

22 2291 JTC BOULEVARD

Suite, Apt. #, etc.

27 2291 JTC BOULEVARD

4. FEI Number  
65-0475573

Applied For  
Not Applicable

City & State

23 NAPLES, FL

City & State

28 NAPLES, FL

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

Zip

24 34109

Country

25 COLLIER

Zip

29 34109

Country

30 COLLIER

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

9. Name and Address of Current Registered Agent

RAMOS, JOHN  
7762 #202 GARDNER DR  
NAPLES FL 34109

10. Name and Address of New Registered Agent

81 Name  
BRADY, SCOTT H.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2291 JTC BOULEVARD  
83  
84 City  
NAPLES FL 85 Zip Code  
34109

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

*Scott H Brady*

*Scott H Brady*

4-13-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	BUXTON, REG	
STREET ADDRESS	7816 GARDNER #203	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLER, LAWRENCE	
STREET ADDRESS	7732 GARDNER #203	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KIDWELL, LAMAR	
STREET ADDRESS	7744 GARDNER #102	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILEY, JIM	
STREET ADDRESS	7717 GARDNER DR #201	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAMOS, JOHN	
STREET ADDRESS	7762 GARDNER DR #202	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4-13-99

941-5973900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)