

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90011 021 ****61.25

DOCUMENT # N96000003141			
1. Entity Name ORCHID GARDENS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4805 NW 36TH STREET LAUDERDALE LAKES, FL 33319		Mailing Address 4805 NW 36TH STREET LAUDERDALE LAKES, FL 33319	
2. Principal Place of Business 7100 W. Commercial Blvd.		3. Mailing Address 7100 W. Commercial Blvd.	
Suite, Apt. #, etc. Ste. 107		Suite, Apt. #, etc. Ste. 107	
City & State Lauderhill, FL		City & State Lauderhill, FL	
Zip 33319	Country USA	Zip 33319	Country USA
6. Name and Address of Current Registered Agent MLM PROPERTY MGMT. CORP. MICHAEL SOLOMS 9900 W. SEMPIE RD. SUITE. 300 CORAL SPRINGS, FL 33060		7. Name and Address of New Registered Agent Name: Ambassador Community Management, Inc. Street Address (P.O. Box Number is Not Acceptable): 7100 W. Commercial Blvd., Ste. 107 City: <u>Lauderhill</u> FL Zip Code: <u>33319</u>	
4. FEI Number 65-0724344 Applied For: <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <u>Michael P. Col</u>		DATE: <u>3/21/06</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST JEAN, CLAUDE 4806 NW 36TH ST, #0-607 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, GENE 4806 NW 36 ST #D-602 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROLL, ELLEN 4806 NW. 36TH ST. # 0-403 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOLNICK, BARBARA 4806 NW 36TH STREET #0-415 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEMERS, PIERRE 4806 NW 36 ST #D-414 LAUDERDALE LAKES, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Laflamme, Jean-Paul 4806 NW 36th St # 0507 Lauderdale Lakes, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Ellen C Groll Ellen C Groll 3/22/06 954-739-8760
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #