

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005645

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** GRANDE ORCHID ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**New Mailing Address:**

**FEI Number:** 65-0669598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ISAACSON, WILLIAM K  
21045 COMMERCIAL TRL  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: DADI, ADENA  
Address: 21045 COMMERCIAL TRL  
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete  
Name: SIEGEL, RON  
Address: 21045 COMMERCIAL TRL  
City-St-Zip: BOCA RATON, FL 33486

Title: T ( ) Delete  
Name: SMITH, EDWARD  
Address: 21045 COMMERCIAL TRL  
City-St-Zip: BOCA RATON, FL 33486

Title: S ( ) Delete  
Name: DELAPLANE, RICHARD  
Address: 21045 COMMERCIAL TRL  
City-St-Zip: BOCA RATON, FL 33486

Title: P ( ) Delete  
Name: LIPSKY, ALAN  
Address: 21045 COMMERCIAL TRL  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN LIPSKY

P

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date