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Apr 17 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 # **N97000002215 (8)**

1. Corporation Name

ORCHID ACRES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% ROBERT MYERS
#59 6425 N. U.S. #1
FORT PIERCE FL 34946

% ROBERT MYERS
#59 6425 N. U.S. #1
FORT PIERCE FL 34946

3. Date Incorporated or Qualified

04/18/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYERS, ROBERT
#59 6425 N. U.S. #1
FORT PIERCE FL 34946

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 relistating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PD
NAME MYERS, ROBERT
STREET ADDRESS #59 6425 N. U.S. #1
CITY-ST-ZIP FORT PIERCE FL 34946

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME JAGODA, RAYMOND
STREET ADDRESS #4 6541 N. U.S. #1
CITY-ST-ZIP FORT PIERCE FL 34946

2.1 TITLE VD
2.2 NAME DUBOIS, FERNAND
2.3 STREET ADDRESS 6439 N.U.S.1
2.4 CITY-ST-ZIP FORT PIERCE FL 34946

TITLE SD
NAME PALKA, VIRGINIA
STREET ADDRESS #51 6501 N. U.S. #1
CITY-ST-ZIP FORT PIERCE FL 34946

3.1 TITLE SD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME JAGODA, DOLORES
STREET ADDRESS #4 6541 N. U.S. #1
CITY-ST-ZIP FORT PIERCE FL 34946

4.1 TITLE TD
4.2 NAME HARTWICK VICTORIA
4.3 STREET ADDRESS 6483 N.U.S.1
4.4 CITY-ST-ZIP FORT PIERCE FL 34946

TITLE D
NAME AULT, WILLIAM
STREET ADDRESS #55 6435 N. U.S. #1
CITY-ST-ZIP FORT PIERCE FL 34946

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME DUBOIS, FERNAND
STREET ADDRESS #54 6439 N. U.S. #1
CITY-ST-ZIP FORT PIERCE FL 34946

6.1 TITLE D
6.2 NAME MEUNIER REGGIE
6.3 STREET ADDRESS 6459 N.U.S.1
6.4 CITY-ST-ZIP FORT PIERCE FL 34946

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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:

Robert Myers REQUIRED

CR2E037 (10/97)