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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000002215

1. Corporation Name

ORCHID ACRES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **Luanne Meadows**

2a. Mailing Address

26 **Luanne Meadows**

Suite, Apt. #, etc.

22 **6421 N US1**

Suite, Apt. #, etc.

27 **6421 N US**

City & State

23 **Ft. Pierce FL**

City & State

28 **Ft. Pierce FL**

Zip

24 **34946** 25 **St. Lucie**

Zip

29 **34946** 30 **USA**

Country **St. Lucie**

3. Date Incorporated or Qualified

04/18/1997

4. FEI Number

APPLIED FOR

Could not obtain number from IRS

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **MEADOWS, LUANNE**
 82 Street Address (P.O. Box Number is Not Acceptable)
6421 North US1
 83
 84 City **FT. PIERCE FL** 85 Zip Code **34946**

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

Luanne Meadows

Luanne Meadows

2/8/99

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, ROBERT	
STREET ADDRESS	#59 6425 N. U.S. #1	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DUBOIS, FERNAND	
STREET ADDRESS	6439 N US 1	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PALKA, VIRGINIA	
STREET ADDRESS	#51 6501 N. U.S. #1	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HARTWICK, VICTORIA	
STREET ADDRESS	6483 N US 1	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AULT, WILLIAM	
STREET ADDRESS	#55 6435 N. U.S. #1	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEUNIER, REGGIE	
STREET ADDRESS	6459 N US 1	
CITY-ST-ZIP	FORT PIERCE FL 34946	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Meadows, Luanne	
1.3 STREET ADDRESS	6421 North US1	
1.4 CITY-ST-ZIP	Ft Pierce, FL 34946	
2.1 TITLE	V.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ault, William	
2.3 STREET ADDRESS	6435 North US1	
2.4 CITY-ST-ZIP	Ft Pierce, FL 34946	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Breton, Jeanne	
4.3 STREET ADDRESS	6465 North US1	
4.4 CITY-ST-ZIP	Ft Pierce, FL 34946	
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: *Luanne Meadows* 2/8/99 466-1046
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)