

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002270

FILED
Jan 16, 2009
Secretary of State

Entity Name: ORCHID TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6520 WILD ORCHID LANE
SARASOTA, FL 34241 US

New Principal Place of Business:

6560 WILD ORCHID LANE
SARASOTA, FL 34241 US

Current Mailing Address:

6520 WILD ORCHID LANE
SARASOTA, FL 34241 US

New Mailing Address:

6560 WILD ORCHID LANE
SARASOTA, FL 34241 US

FEI Number: 65-0821402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAINE, JEFFREY
6520 WILD ORCHID LANE
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

CROMIE, WILLIAM
6560 WILD ORCHID LANE
SARASOTA, FL 34241 US

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: WILLIAM CROMIE

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCULLY, ROBERT M
Address: 6590 WILD ORCHID LANE
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: THEODORE, WITTIG
Address: 6540 WILD ORCHID LANE
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: KAINE, JEFFREY L
Address: 6520 WILD ORCHID LANE
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CROMIE, WILLIAM F
Address: 6560 WILD ORCHID LANE
City-St-Zip: SARASOTA, FL 34241

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: WILLIAM CROMIE

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date