# 2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Sep 06, 2011**
**Secretary of State**

DOCUMENT# N98000002270

**Entity Name:** ORCHID TRACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6560 WILD ORCHID LANE
SARASOTA, FL 34241 US

**New Principal Place of Business:**

6590 WILD ORCHID LANE
SARASOTA, FL 34241 US

**Current Mailing Address:**

6560 WILD ORCHID LANE
SARASOTA, FL 34241 US

**New Mailing Address:**

6590 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:**

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

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

SCULLY, ROBERT M
6590 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: ROBERT M SCULLY 09/06/2011
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

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

Title: D
Name: SMITH, DANIEL R
Address: 6510 WILD ORCHID LANE
City-St-Zip: SARASOTA, FL 34241 US

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT M SCULLY D 09/06/2011
Electronic Signature of Signing Officer or Director Date