

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000002945**

1. Entity Name  
**ORCHID BOULEVARD CORPORATION**



Principal Place of Business  
**1724 SE 44TH STREET  
CAPE CORAL, FL 33904 US**

Mailing Address  
**1724 SE 44TH STREET  
CAPE CORAL, FL 33904 US**



03202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0847770**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GEIST, MARY ANN  
1724 SE 44TH STREET  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE:

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000677228  
03/30/07-80095-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GEIST, MARY ANN PRES  
1724 SE 44TH STREET  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
OSTER, BARBARA VPRES  
4457 ORCHID BLVD  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
PAIGE, NANCY S  
1919 SE 45TH STREET  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MATEJKA, MARY T  
1727 SE 45TH STREET  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
LAYMAN, JANICE ASST S  
4453 ORCHID BLVD  
CAPE CORAL, FL 33904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
BOYD, AL TR  
1929 SE 44TH STREET  
CAPE CORAL, FL 33904**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Mary Matejka* **MARY MATEJKA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3.20.07*

Date

*239.443.0550*

Daytime Phone #