2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90037 019 ****61.25

DOCUMENT # N98000002945

1. Entity Name
ORCHID BOULEVARD CORPORATION

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

04012008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1919 SE 45th Street	1919 SE 45th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, Fla.	City & State: Cape Coral, Fla.
Zip: 33904 Country: US	Zip: 33904 Country: US

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	7. Name and Address of New Registered Agent
GEIST, MARY ANN 1724 SE 44TH STREET CAPE CORAL, FL 33904	Name: PAIGE, NANCY J Street Address (P.O. Box Number is Not Acceptable): 1919 SE 45th Street City: Cape Coral FL Zip Code: 33904

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: Nancy J. Paige NANCY J Paige 4/3/08
Signature, type 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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GEIST, MARY ANN PRES 1724 SE 44TH STREET CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PAIGE, NANCY J. 1919 SE 45th Street. Cape Coral, Fla. 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OSTER, BARBARA VPRES 4457 ORCHID BLVD CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OSTER, BARBARA 4457 ORCHID BLVD. Cape Coral, Fl. 33904	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PAIGE, NANCY S 1919 SE 45TH STREET CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JOAN WALTERS. 1737 SE 43rd Street Cape Coral, Fla. 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MATEJKA, MARY T 1727 SE 45TH STREET CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Boyd, Beverly 1929 SE 44th Street Cape Coral, Fla. 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAYMAN, JANICE ASST S 4453 ORCHID BLVD CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Boyd, Beverly 1929 SE 44th Street Cape Coral, Fla. 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BOYD, AL TR 1929 SE 44TH STREET CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Boyd, AL TR 1929 SE 44th Street Cape Coral, Fla. 33904	☐ Change ☐ Addition

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: Nancy J. Paige NANCY J. PAIGE 4/3/08 239-549-8785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #