
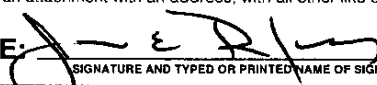


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90200 002 ****61.25

DOCUMENT # N99000002659					
1. Entity Name ORCHID HARBOUR VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O AMERICAN CONDO MGMT 909 SE 47TH TERR # 105 CAPE CORAL, FL 33904			Mailing Address P.O. BOX 100399 CAPE CORAL, FL 33910		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03142005 Chg-NP CR2E037 (10/03)	
4. FEI Number 41-1993848				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KASE, SUSAN C/O AMERICAN CONDO MGMT 909 SE 47TH TERR # 105 CAPE CORAL, FL 33904			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME NELSON, DUANE		<input type="checkbox"/> Delete		
STREET ADDRESS 1613 ORCHID BLVD # 301	CITY - ST - ZIP CAPE CORAL, FL 33904				
TITLE VD	NAME MORTON, DON		<input type="checkbox"/> Delete		
STREET ADDRESS 1613 ORCHID BLVD #	CITY - ST - ZIP CAPE CORAL, FL 33904				
TITLE STD	NAME RANFRANZ, JAMES		<input type="checkbox"/> Delete		
STREET ADDRESS 1613 ORCHID BLVD # 203	CITY - ST - ZIP CAPE CORAL, FL 33904				
TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY - ST - ZIP	D DOUG MARTIN 902 VERNON PLACE COVINGTON, KY 40116				
TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS CITY - ST - ZIP	STD NANCY CROSSLEY 9705 Sequin Way FORT MYERS, FL 33919				
TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY - ST - ZIP	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				
12. 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 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:  JAMES RANFRANZ 3/22/05					
Date Daytime Phone #					