



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90155 029 \*\*\*\*61.25

<b>DOCUMENT # N99000002659</b> 1. Entity Name <b>ORCHID HARBOUR VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O AMERICAN CONDO MGMT 909 SE 47TH TERR # 105 CAPE CORAL, FL 33904</b>				Mailing Address <b>P.O. BOX 100399 CAPE CORAL, FL 33910</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>615 Cape Coral Pkwy W #103</b>		3. Mailing Address Suite, Apt. #, etc. <b>c/o American Condo Mgmt</b>			
City & State <b>Cape Coral, FL</b>		City & State <b>Cape Coral, FL</b>		02152006 Chg-NP CR2E037 (11/05)	
Zip <b>33914</b>		Country		4. FEI Number <b>41-1993848</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KASE, SUSAN C/O AMERICAN CONDO MGMT 909 SE 47TH TERR # 105 CAPE CORAL, FL 33904</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>615 Cape Coral Pkwy W #103</b> City <b>FL</b> Zip Code <b>33914</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, DUANE 1613 ORCHID BLVD # 301 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, DON 1613 ORCHID BLVD # CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RANFRANZ, JAMES 1613 ORCHID BLVD # 203 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, DOUG 902 VERNON PLACE COVINGTON, KY 41016	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Tom Hair 1613 ORCHID BLVD #204 CAPE CORAL, FL 33904</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CROSSLEY, NANCY 9705 SEGUIN WAY FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE</b> _____ <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> _____					
Date _____ Daytime Phone # _____					