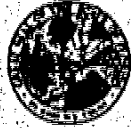


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 10:57

DOCUMENT # 762655 (9)

1. Corporation Name
ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34746-8799
8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34746-8799

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/30/1982	3a. Date of Last Report 03/29/1994
4. FEI Number 62-1134849	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILSON, SPENCE L. 1629 WINCHESTER RD MEMPHIS TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, KEMMONS, JR. 1629 WINCHESTER RD MEMPHIS TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DY SCHISLER, CHARLES 407 LAFAYETTE BAY CITY MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SWAN, CHARLES K. III 8505 W. IRLO BRONSON MEMORIAL HWY KISSIMMEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, EDWARD 440 W. EXCHANGE ST. CRETE IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROYE, BETH ANN 5215 N. O'CONNOR, 15TH FL. IRVING TX

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	38116
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	38116
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	34747
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (change) or as an attachment with an address.

SIGNATURE: **Charles K. Swan III** 2/15/95 (407) 293-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

12.

OFFICERS AND DIRECTORS (CONTINUED)

ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.

TITLE: D
NAME: Donna Schwartz
STREET ADDRESS: 1958 Durham Road
CITY-ST-ZIP: Guilford, CT 06437

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
