

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 05 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified 03/30/1982	3a. Date of Last Report 03/13/1995
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21. Principal Place of Business	2a. Mailing Address	4. FEI Number 62-1134849	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**A.G.C. CO.
200 SOUTH ORANGE AVE.
23RD FLOOR
ORLANDO FL 32801**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, SPENCE L.	1.2 NAME	
STREET ADDRESS	1629 WINCHESTER RD	1.3 STREET ADDRESS	PLEASE SEE ATTACHED STATEMENT
CITY-ST-ZIP	MEMPHIS TN	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, KEMMONS, JR.	2.2 NAME	
STREET ADDRESS	1629 WINCHESTER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHISLER, CHARLES	3.2 NAME	
STREET ADDRESS	407 LAFAYETTE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY CITY MI	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAN, CHARLES K. III	4.2 NAME	
STREET ADDRESS	8505 W. IRLO BRONSON MEMORIAL HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, EDWARD	5.2 NAME	
STREET ADDRESS	440 W. EXCHANGE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRETE IL	5.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYE, BETH ANN	6.2 NAME	
STREET ADDRESS	5215 N. O'CONNOR, 15TH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Brian T. Lower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brian T. Lower

2/5/96 (407) 239-1034
Date Daytime Phone #

CR2E037 (12/95)

CORPORATION ANNUAL REPORT
STATE OF FLORIDA
SECRETARY OF STATE

DUE DATE 05/01/96

CO. NAME: ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM
ASSOCIATION, INC.
8505 W. IRLO BRONSON MEM. HWY.
KISSIMMEE, FLORIDA 34747

FEDERAL I.D.: 62-1134849

PRESIDENT: BETH ANN ROYE
5215 N. O'CONNOR, 15TH FLOOR
IRVING, TX

V. PRES.: CHARLES K. SWAN III
ADDRESS: 8505 W. IRLO BRONSON MEM. HWY.
KISSIMMEE, FL 34747

SECRETARY: CHARLES K. SWAN III
8505 W. IRLO BRONSON MEM. HWY.
KISSIMMEE, FL 34747

TREASURER: CHARLES SCHISLER
407 LAFAYETTE
BAY CITY, MI

DIRECTOR: DONNA SCHWARTZ
ADDRESS: 8505 W. IRLO BRONSON MEM. HWY.
KISSIMMEE, FL 34747

DIRECTOR: CHARLES K. SWAN III
ADDRESS: 8505 W. IRLO BRONSON MEM. HWY.
KISSIMMEE, FL 34747

DIRECTOR: CHARLES SCHISLER
ADDRESS: 407 LAFAYETTE
BAY CITY, MI

DIRECTOR: BETH ANN ROYE
ADDRESS: 5215 N. O'CONNOR, 15TH FLOOR
IRVING, TX