

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 99 MAR 22 AM 11:15  
 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

0073501

DOCUMENT # 762655  
 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 34747  
 8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34747



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 03/30/1982	4. FEI Number 62-1134849 Applied For 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
9. Name and Address of Current Registered Agent <b>LOWER, BRIAN T 8505 WEST IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE FL 34747-8201</b>			10. Name and Address of New Registered Agent 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	D <input type="checkbox"/> DELETE	1.1 TITLE	(SEE ATTACHED) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, DONNA	1.2 NAME	
STREET ADDRESS	8505 W IRLO BRONSON MEMORIAL HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHISLER, CHARLES	2.2 NAME	900002821059--0
STREET ADDRESS	407 LAFAYETTE	2.3 STREET ADDRESS	-03/26/99--01133--008
CITY-ST-ZIP	BAY CITY MI	2.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	VPSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAN, CHARLES K. III	3.2 NAME	
STREET ADDRESS	8505 W. IRLO BRONSON MEMORIAL HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYE, BETH ANN	4.2 NAME	
STREET ADDRESS	5215 N. O'CONNOR, 15TH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, STEPHEN E	5.2 NAME	
STREET ADDRESS	1629 WINCHESTER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38116	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLBERT, DAVID	6.2 NAME	
STREET ADDRESS	1629 WINCHESTER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38116	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ 3/3/99 (407) 239-0000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

(2)

**ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION,  
INC.  
(FEI # 62-1134849)**

**8505 West Irlo Bronson Memorial Highway  
Kissimmee, FL 34747**

Bethann Roye	D/P
Charles Schisler	D/T
Stephen E. Johnson	D
David Wolbert	D
Joseph P. Bruno	D
Donna Schwartz	D
Charles K. Swan III	D/V/S
Dale Dolph	Ex-Officio Member
Lawrence Goode	Ex-Officio Member

D=Director, C=Chairman, P=President, V=Vice President, S=Secretary, T=Treasurer,  
Asst.=Assistant