

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 OCT 13 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # 762655</b>			
1. Entity Name <b>ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>8505 WEST IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747</b>		Mailing Address <b>8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LOWER, BRIAN T 8505 WEST IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747-8201</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODE, LAWRENCE	NAME	
STREET ADDRESS	8505 W IRLO BRONSON MEMORIAL HWY	STREET ADDRESS	<b>000060582830</b>
CITY-ST-ZIP	KISSIMMEE, FL 34747	CITY-ST-ZIP	<b>10/13/05--01056--007 **70.00</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLPH, DALE	NAME	
STREET ADDRESS	8505 WEST IRLO BRONSON MEMORIAL HWY	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34747	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWAN, CHARLES K. III	NAME	<b>S/D Don L. Harrill</b>
STREET ADDRESS	8505 W. IRLO BRONSON MEMORIAL HWY	STREET ADDRESS	<b>8505 W. Irlo Bronson Hwy</b>
CITY-ST-ZIP	KISSIMMEE, FL	CITY-ST-ZIP	<b>Kissimmee, FL 34747</b>
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYE, BETH ANN	NAME	
STREET ADDRESS	8505 W. IRLO BRONSON MEMORIAL HWY	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34747	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, STEPHEN E	NAME	
STREET ADDRESS	8505 W. IRLO BRONSON MEMORIAL HWY	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34747	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUND, STUART	NAME	
STREET ADDRESS	8505 W. IRLO BRONSON MEMORIAL HWY	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34747	CITY-ST-ZIP	
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: <u>Beth Ann Roye</u> <b>Beth Ann Roye, President 9/16/05</b>		Date: _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



09262005 Chg-NP CR2E037 (10/03)

4. FEI Number **62-1134849** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required