


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90005 025 ****70.00

DOCUMENT # 762655

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



Principal Place of Business
**8505 WEST IRLO BRONSON MEMORIAL HWY.
 KISSIMMEE, FL 34747**

Mailing Address
**8505 WEST IRLO BRONSON MEMORIAL HWY.
 KISSIMMEE, FL 34747**

40032751



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01142008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**LOWER, BRIAN T
 8505 WEST IRLO BRONSON MEMORIAL HIGHWAY
 KISSIMMEE, FL 34747-8201**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

4. FEI Number
62-1134849

Applied For
 Not Applicable

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GOODE, LAWRENCE	
STREET ADDRESS	8505 WIRLO BRONSON MEMORIAL HWY	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JOHNSON, STEPHEN E	
STREET ADDRESS	8505 W. IRLO BRONSON MEMORIAL HWY.	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRILL, DON L	
STREET ADDRESS	8505 W. IRLO BRONSON MEMORIAL HWY	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROYE, BETH A	
STREET ADDRESS	8505 W. IRLO BRONSON MEMORIAL HWY	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, STEPHEN E	
STREET ADDRESS	8505 W. IRLO BRONSON MEMORIAL HWY	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAUND, STUART	
STREET ADDRESS	8505 W. IRLO BRONSON MEMORIAL HWY	
CITY-ST-ZIP	KISSIMMEE, FL 34747	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goode, Lawrence	
STREET ADDRESS	8505 W. Irlo Bronson Memorial Hwy.	
CITY-ST-ZIP	Kissimmee, FL 34747	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Stephen E	
STREET ADDRESS	8505 W. Irlo Bronson Memorial Hwy.	
CITY-ST-ZIP	Kissimmee, FL 34747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wallander, Paul	
STREET ADDRESS	8505 W. Irlo Bronson Memorial Hwy.	
CITY-ST-ZIP	Kissimmee, FL 34747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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:  **Brian T. Lower**

Date: **2-22-2008** Daytime Phone #: **407-239-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40032751

762655

**ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION,
INC.**

(FEI # 62-1134849)

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

Beth Ann Roye	D/P
Don L. Harrill	D/S
Stephen E. Johnson	D/VP
Lawrence Goode	D/T
Paul Wallander	D
Stuart Braund	D
John Beattie	D

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Exec. VP=Executive Vice President, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant