

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # 766641 (5)

1. Corporation Name
O.R.B.I.T. OWNERS ASSOCIATION, INC.



Principal Place of Business
**2350 ENTRY POINT BLVD.
KISSIMEE FL 34746**

Mailing Address
~~2050 ENTRY POINT BLVD.
KISSIMEE FL 34746~~

3. Date Incorporated or Qualified
01/21/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **200 South Orange Ave.**

Suite, Apt. #, etc.
22 **Suite 2300**

City & State
23 **Orlando, FL**

Zip Country
24 **32801-3432** **25** **30**

4. FEI Number
36-3319856

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KORSHAK, STEOHEN D
2345 SAND LAKE RD
SUITE 100
ORLANDO FL 32809**

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 officer 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 NAME STREET ADDRESS CITY - ST - ZIP	PD VEITH, WALTER 6012 WEST CENTRAL BLVD ORLO VISTA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BERNATH, GENE 607 RIDGEWOOD DR COCOA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KOLECKI, DANIEL J 315 SEMNOLE MINNEOLA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KEYES, RALPH J 2832 RIVERSIDE PARK RD ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	700001799887 -04/29/96--0114--036 ***\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STANCZAK, ROBERTA 766 FOREST LANE LISSIMEE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FLORY, PAUL G. 2345 SAND LAKE ROAD ORLANDO FL	

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: **4/10/96** **407-859-8900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)

PM
4-29-96