


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766641 (5)
 1. Corporation Name
O.R.B.I.T. OWNERS ASSOCIATION, INC.



Principal Place of Business 2950 ENTRY POINT BLVD. KISSIMMEE FL 34746	Mailing Address 2345 SAND LAKE DR. #100 ORLANDO FL 32809 US
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3. Date Incorporated or Qualified 01/21/1983	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 36-3319856		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

KORSHAK, STEOEN 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 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEITH, WALTER	1.2 NAME	
STREET ADDRESS	6012 WEST CENTRAL BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLO VISTA FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNATH, GENE	2.2 NAME	STANCZAK, ROBERTA
STREET ADDRESS	607 RIDGEWOOD DR	2.3 STREET ADDRESS	766 Forest Lane
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	Kissimmee, FL 34746
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATCHA, MIKE	3.2 NAME	
STREET ADDRESS	S.R. MEADOW RUN LAKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GOUCDSBORO PA	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYES, RALPH J	4.2 NAME	
STREET ADDRESS	2832 RIVERSIDE PARK RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	TSD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANCZAK, ROBERTA	5.2 NAME	SCHREIBER, STEVEN
STREET ADDRESS	766 FOREST LANE	5.3 STREET ADDRESS	22049 Chestnut Ridge
CITY-ST-ZIP	LISSIMMEE FL	5.4 CITY-ST-ZIP	Kildeer, IL 60047
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORY, PAUL G.	6.2 NAME	
STREET ADDRESS	2345 SAND LAKE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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.

SIGNATURE: *Paul G. Flory* 4-9-98 (407) 859-8900

CFR2E037 (10/97)