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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 766641

1. Corporation Name

O.R.B.I.T. OWNERS ASSOCIATION, INC.

Principal Place of Business

2960 ENTRY POINT BLVD.
 KISSIMMEE FL 34746

Mailing Address

2345 SAND LAKE DR. ****please note address correction****
 #100
 ORLANDO FL 32809
 US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

2345 Sand Lake Road

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

32809

3. Date Incorporated or Qualified

01/21/1983

4. FEI Number

36-3319856

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KORSHAK, STEOHEN D
2345 SAND LAKE RD
SUITE 100
ORLANDO FL 32809

****please note corrections****

10. Name and Address of New Registered Agent

81

Name
Korshak, Stephen D.

82

Street Address (P.O. Box Number is Not Acceptable)
2345 Sand Lake Road

83

Suite 120

84

City
Orlando

FL

85

Zip Code
32809

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE **PD**
 NAME **VEITH, WALTER**
 STREET ADDRESS **6012 WEST CENTRAL BLVD**
 CITY-ST-ZIP **ORLO VISTA FL**
****please note address correction****

TITLE **VPD**
 NAME **STANCZAK, ROBERTA**
 STREET ADDRESS **766 FOREST LN**
 CITY-ST-ZIP **KISSIMMEE FL 34746**
****please note address corrections****

TITLE **STD**
 NAME **GATCHA, MIKE**
 STREET ADDRESS **S.R. MEADOW RUN LAKE**
 CITY-ST-ZIP **GOUCDSBORO PA**
****please note address corrections****

TITLE **D**
 NAME **KEYES, RALPH J**
 STREET ADDRESS **2832 RIVERSIDE PARK RD**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D**
 NAME **SCHREIBER, STEVEN**
 STREET ADDRESS **22049 CHESTNUT RIDGE**
 CITY-ST-ZIP **KILDEER IL 60047**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** Change Addition
 1.2 NAME **Veith, Walter**
 1.3 STREET ADDRESS **6012 West Central Boulevard**
 1.4 CITY-ST-ZIP **Orlo Vista, Florida 32835**

2.1 TITLE **VPD** Change Addition
 2.2 NAME **Stanczak, Roberta**
 2.3 STREET ADDRESS **949 Shadow Oaks Road**
 2.4 CITY-ST-ZIP **Kissimmee, Florida 34744**

3.1 TITLE **STD** Change Addition
 3.2 NAME **Gatcha, Michael**
 3.3 STREET ADDRESS **S.R. Meadow Run Lake**
 3.4 CITY-ST-ZIP **Gouldsboro, Pa. 18424**

4.1 TITLE **D** Change Addition
 4.2 NAME **Keyes, Ralph J.**
 4.3 STREET ADDRESS **2832 Riverside Park Road**
 4.4 CITY-ST-ZIP **Orlando, Florida 32810-2952**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 empowerments.

SIGNATURE: *Walter Veith* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/99

Date

407-570-4219

Daytime Phone #

CR2E037 (11/98)