

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90381 048 ****70.00



DOCUMENT # 766641
 1. Entity 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 ROAD
 #100
 ORLANDO, FL 32809 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 8680 Commodity Circle
 Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State
 Orlando, FL

4. FEI Number
 36-3319856

Applied For
 Not Applicable

Zip
 32819

Country
 USA

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

6. Name and Address of Current Registered Agent

KORSHAK, STEPHEN D
 2345 SAND LAKE RD
 SUITE 120
 ORLANDO, FL 32809

7. Name and Address of New Registered Agent

Name
 Stephen D. Korshak, Esq.

Street Address (P.O. Box Number is Not Acceptable)
 8680 Commodity Circle, Suite 101

City
 Orlando

FL

Zip Code
 32819

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 *Stephen D. Korshak*
 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, 2005

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 NAME STREET ADDRESS CITY - ST - ZIP	DS VEITH, WALTER 2345 SANDLAKES RD STE. #100 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STANCZAK, ROBERTA 2345 SAND LAKE RD STE., #100 ORLANDO, FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GATCHA, MICHAEL 2345 SAND LAKE RD STE., #100 ORLANDO, FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KEYES, RALPH J 2345 SAND LAKE RD STE., #100 ORLANDO, FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SCHREIBER, STEVEN 2345 SAND LAKE RD STE., #100 ORLANDO, FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Eickmeier, Orbin 8680 Commodity Circle Orlando, FL 32819	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Stanczak, Roberta 8680 Commodity Circle Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Gatcha, Michael 8680 Commodity Circle Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Keyes, Ralph J 8680 Commodity Circle Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Schreiber, Steven 8680 Commodity Circle Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Greg Spambauer*, Authorized Agent 4/14/05 407-859-8900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40061653
766641

Authorized Agent for O.R.B.I.T. Owners Association

Sulyn Stumbras

President

Island One Resorts Management Corporation

8680 Commodity Circle

Orlando, FL 32819

407.859.8900