


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90102 036 ****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
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **36-3319856**

Applied For
 Not Applicable

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

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Walter Veith* **Walter Veith**
02/20/03 407-859-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (10/02)