

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F22174 (9)**  
1. Corporation Name  
**ORANGE LAKE COUNTRY CLUB, INC.**



Principal Place of Business <b>8505 IRLO BRONSON MEM HWY P. O. BOX 30185 KISSIMMEE FL 34747 US</b>	Mailing Address <b>8505 W IRLO BRONSON MEM HWY P. O. BOX 30185 KISSIMMEE FL 34747-8206 US</b>
---	--

3. Date Incorporated or Qualified <b>03/05/1981</b>	3a. Date of Last Report <b>03/06/1996</b>
--	--

2. Principal Place of Business <b>21 8505 W Irlo Bronson Mem Hwy</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 8505 W Irlo Bronson Mem Hwy</b> Suite, Apt. #, etc.
22 City & State <b>Kissimmee, FL</b>	27 City & State <b>Kissimmee, FL</b>
23 Zip <b>34747-8201</b>	25 Country <b>USA</b>
24 Zip <b>34747-8201</b>	30 Country <b>USA</b>

4. FEI Number <b>59-1434701</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>HOLBROOK, KAREN</b>	
STREET ADDRESS	<b>8505 W IRLO BRONSON MEM HWY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>SWANN, CHARLES K. III</b>	
STREET ADDRESS	<b>8505 W IRLO BRONSON MEM HWY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>WEST, CAROLE WILSON</b>	
STREET ADDRESS	<b>1629 WINCHESTER RE</b>	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	<b>WILSON, KEMMONS JR</b>	
STREET ADDRESS	<b>1629 WINCHESTER RD</b>	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	<b>PETTEY, JOHN</b>	
STREET ADDRESS	<b>1629 WINCHESTER RD</b>	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>WALLIN, R.E.</b>	
STREET ADDRESS	<b>1629 WINCHESTER RD</b>	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>(see attached sheet)</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>400002086354</b>
6.4 CITY-ST-ZIP	<b>-02/13/97--01015--006</b> <b>***173.75</b>

14. I do 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 this corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1.01, of the report, or on an other document with an addendum.

SIGNATURE  **Brian T. Lower 1/22/97 (407) 239-5200**  
Senior Vice President

CR2E034 (9/96)

**ORANGE LAKE COUNTRY CLUB, INC.**

**(FEI # 1434701)**

**1629 Winchester Road  
Memphis, TN 38116**

Kemmons Wilson	D/ C Emeritus
Spence Wilson	D/ C
Robert A. Wilson	D/ V
C. Kemmons Wilson	D/ V
Betty Wilson Moore	D
Carole Wilson West	D
John H. Pettey III	V/ T
R.E. Wallin	S
William Batt	Asst. S/Asst. T
Amy Jarreau	Asst. S
Gary McClain	Asst. T

**8505 West Irlo Bronson Memorial Highway  
Kissimmee, FL 34747-8201**

Charles K. Swan III	P
Brian T. Lower	V
Mike Stopperich	V
Ron Juneman	V
Karen Holbrook	V
Charles Patton	V

P=President, V=Vice President, T=Treasurer, S=Secretary, D=Director, C=Chariman,  
Asst.=Assistant