

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:33

DOCUMENT # **F61132** (9)

1. Corporation Name
ORANGE LAKE COUNTRY CLUB REALTY, INC.

Principal Place of Business
**8505 W IRLO BRONSON MEM HWY
P. O. BOX 30185
KISSIMMEE FL 34747
US**

Mailing Address
**8505 W IRLO BRONSON MEM HWY
P. O. BOX 30185
KISSIMMEE FL 34747
US**

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified 01/04/1982	3a. Date of Last Report 03/25/1994
4. FEI Number 62-1151716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
--	---	---------------

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

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	SWAN, CHARLES K III
STREET ADDRESS	8505 W IRLO BRONSON MEM HWY
CITY-ST-ZIP	KISSIMMEE FL
TITLE	I
NAME	PETTEY, JOHN III
STREET ADDRESS	1629 WINCHESTER RD
CITY-ST-ZIP	MEMPHIS TN
TITLE	V
NAME	SPRINGER, BILLY B
STREET ADDRESS	5973 CATTLEMEN LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	MOORE, ELIZABETH WILS
STREET ADDRESS	1629 WINCHESTER RD
CITY-ST-ZIP	MEMPHIS TN
TITLE	D
NAME	WEST, CAROLE WILSON
STREET ADDRESS	1629 WINCHESTER RD
CITY-ST-ZIP	MEMPHIS TN
TITLE	S
NAME	WALLIN, R.E.
STREET ADDRESS	1629 WINCHESTER RD
CITY-ST-ZIP	MEMPHIS TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34747
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 38116
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Assistant V.P. Mary Bullock
3.3 STREET ADDRESS	8505 W. Irlo Bronson Mem Hwy
3.4 CITY-ST-ZIP	Kissimmee, FL 34747
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 38116
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 38116
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 38116

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brian Lower **Brian Lower** 2/15/95 (407) 293-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area #)
VICE President