

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F61132

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: ORANGE LAKE COUNTRY CLUB REALTY, INC.

**Current Principal Place of Business:**

8505 W IRLO BRONSON MEM HWY  
KISSIMMEE, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

8505 W IRLO BRONSON MEM HWY  
KISSIMMEE, FL 34747 US

**New Mailing Address:**

FEI Number: 62-1151716      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: HARRILL, DON L  
Address: 8505 W IRLO BRONSON MEM HWY  
City-St-Zip: KISSIMMEE, FL 34747 US

Title: DC ( ) Delete  
Name: WILSON, SPENCE  
Address: 8700 TRAIL LAKE DR W STE 300  
City-St-Zip: MEMPHIS, TN 38125

Title: D ( ) Delete  
Name: MOORE, BETTY W  
Address: 8700 TRAIL LAKE DR. W., STE 300  
City-St-Zip: MEMPHIS, TN

Title: D ( ) Delete  
Name: WEST, CAROLE WILSON  
Address: 8700 TRAIL LAKE DR. W., STE 300  
City-St-Zip: MEMPHIS, TN

Title: AS ( ) Delete  
Name: MCCLAIN, GARY  
Address: 8700 TRAIL LAKE DR. W., STE 300  
City-St-Zip: MEMPHIS, TN 38125

Title: EVPS ( ) Delete  
Name: LOWER, BRIAN T  
Address: 8505 W. IRLO BRONSON MEM. HWY  
City-St-Zip: KISSIMMEE, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN T. LOWER

Electronic Signature of Signing Officer or Director

EVPS

01/12/2009

Date