

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT



FILED

05 OCT -7 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N04000006094**  
 1. Entity Name  
**ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION IV, INC.**

Principal Place of Business <b>8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747</b>	Mailing Address <b>8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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09272005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>20-1997289</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**LOWER, BRIAN T**  
**8505 W IRLO BRONSON MEMORIAL HWY**  
**KISSIMMEE, FL 34747**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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

**Amended AR 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	
TITLE	PD <input checked="" type="checkbox"/> Delete NAME SWANN, CHARLES K III STREET ADDRESS 8505 W IRLO BRONSON MEMORIAL HWY CITY-ST-ZIP KISSIMMEE, FL 34747
TITLE	VD <input type="checkbox"/> Delete NAME WILSON, SPENCE STREET ADDRESS 8505 W IRLO BRONSON MEMORIAL HWY CITY-ST-ZIP KISSIMMEE, FL 34747
TITLE	STD <input type="checkbox"/> Delete NAME LOWER, BRIAN T STREET ADDRESS 8505 W IRLO BRONSON MEMORIAL HWY CITY-ST-ZIP KISSIMMEE, FL 34747
TITLE	<input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE	<input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE	<input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Don L. Harrill STREET ADDRESS 8505 W Irlo Bronson Hwy CITY-ST-ZIP Kissimmee FL 34747
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

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: **Brian T. Lower** Secretary 9/28/05 407.239.0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #