


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90006 029 \*\*\*\*70.00

**DOCUMENT # N07000001930**

1. Entity Name  
**ORANGE LAKE IN PANAMA CITY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**8505 W IRLO BRONSON MEMORIAL HWY  
 KISSIMMEE, FL 34747**

Mailing Address  
**8505 W IRLO BRONSON MEMORIAL HWY  
 KISSIMMEE, FL 34747**

40033440



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01142008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**LOWER, BRIAN T  
 8505 W IRLO BRONSON MEMORIAL HWY  
 KISSIMMEE, FL 34747**

4. FEI Number  
**51-0633772**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP HARRILL, DON L 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOWER, BRIAN T 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST THOMPSON, MICHAEL J 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Lower, Brian T 8505 W. Irlo Bronson Memorial Hwy Kissimmee, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Thompson, Michael J 8505 W. Irlo Bronson Memorial Hwy Kissimmee, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Lori Howell 8505 W. Irlo Bronson Memorial Hwy Kissimmee, FL 34747 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** **2/25/08** **407-239-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

HO033446  
#N07000001930

ORANGE LAKE IN PANAMA CITY CONDOMINIUM ASSOCIATION, INC.  
(FEI # 51-0633772)

8505 West Irlo Bronson Memorial Hwy.  
Kissimmee, FL 34747

Brian T. Lower  
Michael J. Thompson  
Lori Howell

D/P  
D/VP  
D/S/T

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Exec. VP=Executive Vice President, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant