

**ANNUAL REPORT  
1995**

Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -5 PM 3:13**

**DOCUMENT # N39410 (8)**

1. Corporation Name  
**WEEKENDS OF GREATER ORLANDO, INC.**

Principal Place of Business      Mailing Address  
**636 N. LAKE FORMOSA DR.  
ORLANDO FL 32803**      **P.O. BOX 536055  
ORLANDO FL 32853-6055  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/08/1990**      **05/01/1994**

4. FEI Number      Applied For  
**59-3020242**      Not Applicable

5. Certificate of Status Desired            **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status            **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

**9. Name and Address of Current Registered Agent**

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

**JOHNSON, KATHY  
3260 LAKE SHORE DR  
ORLANDO FL 32803**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-30-95**

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>ELROD, JANET</b>
STREET ADDRESS	<b>919 GREENTREE DR</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>D</b>
NAME	<b>LINTON, RANDY</b>
STREET ADDRESS	<b>445 PINEY CROFT LANE</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>D</b>
NAME	<b>FORNESS, UCOLA</b>
STREET ADDRESS	<b>289 TRISMEN TERR</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>D</b>
NAME	<b>JOHNSON, KATHY</b>
STREET ADDRESS	<b>3260 LAKE SHORE DR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jan Ariko</b>	
1.3 STREET ADDRESS	<b>1201 Wald Road</b>	
1.4 CITY-ST-ZIP	<b>Orlando, FL 32806</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Chris Caruso</b>	
3.3 STREET ADDRESS	<b>738 Hardman Drive</b>	
3.4 CITY-ST-ZIP	<b>Orlando, FL 32806</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
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		
6.4 CITY-ST-ZIP		

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)(b), 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wendy E. Shill      Wendy E. Shill, Exec. Dir 3-30-95      407-898-8277

Signature and typed or printed name of signing officer or director      Date      Telephone #