

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N39410 (8)

1. Corporation Name

WEEKENDS OF GREATER ORLANDO, INC.



Principal Place of Business

Mailing Address

626 N. LAKE FORMOSA DR.
ORLANDO FL 32803

P.O. BOX 536055
ORLANDO FL 32853-6055
US

3. Date Incorporated or Qualified 08/08/1990	3a. Date of Last Report 04/05/1995
4. FEI Number 59-3020242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name DARBY NEPTUNE
82. Street Address (P.O. Box Number is Not Acceptable) 313 SANDPIPER COURT
83. CASSELBERRY,
84. City CASSELBERRY
85. State FL
Zip Code 32707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Darby Neptune, Chairman* DATE: *4/17/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	NAME ARIKO, JAN	1.1 TITLE DIRECTOR
STREET ADDRESS 1201 WALD ROAD	CITY-ST-ZIP ORLANDO FL	1.2 NAME TOM LANG
<input checked="" type="checkbox"/> DELETE		1.3 STREET ADDRESS P.O. BOX 3628
TITLE D	NAME LINTON, RANDY	1.4 CITY-ST-ZIP ORLANDO, FL 32802-3628
<input checked="" type="checkbox"/> DELETE	STREET ADDRESS 445 PINEY CROFT LANE	2.1 TITLE DIRECTOR
	CITY-ST-ZIP WINTER PARK FL	2.2 NAME BETTY LOWERY
TITLE D	NAME CARUSO, CHRIS	2.3 STREET ADDRESS 641 N. RIO GRANDE
<input checked="" type="checkbox"/> DELETE	STREET ADDRESS 738 HARDMAN DRIVE	2.4 CITY-ST-ZIP ORLANDO, FL 32805
	CITY-ST-ZIP ORLANDO FL	3.1 TITLE DIRECTOR
TITLE D	NAME JOHNSON, KATHY	3.2 NAME MICHAEL CARSON
<input type="checkbox"/> DELETE	STREET ADDRESS 3260 LAKE SHORE DR	3.3 STREET ADDRESS P.O. BOX 690564
	CITY-ST-ZIP ORLANDO FL 32803	3.4 CITY-ST-ZIP ORLANDO, FL 32809
TITLE	NAME	4.1 TITLE DIRECTOR
<input type="checkbox"/> DELETE	STREET ADDRESS	4.2 NAME
	CITY-ST-ZIP	4.3 STREET ADDRESS
TITLE	NAME	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	STREET ADDRESS	5.1 TITLE
	CITY-ST-ZIP	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS
<input type="checkbox"/> DELETE	STREET ADDRESS	5.4 CITY-ST-ZIP
	CITY-ST-ZIP	6.1 TITLE
TITLE	NAME	6.2 NAME
<input type="checkbox"/> DELETE	STREET ADDRESS	6.3 STREET ADDRESS
	CITY-ST-ZIP	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)(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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Darby Neptune* DATE: *4/17/96* DAYTIME PHONE #: *898-8277*

CR2E037 (12/95)