


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90018 044 \*\*\*\*61.25

<b>DOCUMENT # N39410</b>	
1. Entity Name WEEKENDS OF GREATER ORLANDO, INC.	

Principal Place of Business 626 N. LAKE FORMOSA DR. ORLANDO, FL 32803	Mailing Address P.O. BOX 536055 ORLANDO, FL 32853-6055 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04052005 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number 59-3020242	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
LANG, THOMAS F 14 E. WASHINGTON ST., SUITE 600 ORLANDO, FL 32801

<b>7. Name and Address of New Registered Agent</b>		
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	D BALLARD, JOAN 761 GOLDWARTER CT. MAITLAND, FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WILDER-JOHNSON, SONYA 9001 LAKE FISCHER BLVD. GOTHA, FL 34734 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, HEATHER 2112 E. WASHINGTON ST. ORLANDO, FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDY, SUS 1135 OVERBROOK DR. MILLIGAN, FL 32537 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J JONES, CARTER 433 N. MILLS AVE ORLANDO, FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALMARZA, ESPE 11566 BLACKMOOR ORLANDO, FL 32837 <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	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Ellie Sheehan 1512 E. Harding St. Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jennifer Salisbury 300 South Orange Avenue Orlando, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J Stephanie Feulner 100 West Columbia Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC John Ricketts 4307 Vineland Road Orlando FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] 4/5/05 407-538-1001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #