

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000005054 (2)

1. Corporation Name

ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION II, INC.



Principal Place of Business: 8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34747
Mailing Address: 8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34747

3. Date Incorporated or Qualified: 11/09/1993
3a. Date of Last Report: 03/08/1995

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number	Applied For
		26			59-3209554	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
A.G.C. CO. 200 SOUTH ORANGE AVE. 2300 SUN BANK CENTER ORLANDO FL 32801				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, SPENCE			1.2 NAME			
STREET ADDRESS	P.O. BOX 30185 (N/A)			1.3 STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS TN 38130			1.4 CITY-ST-ZIP	PLEASE SEE ATTACHED STATEMENT		
TITLE	DST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, KEMMONS JR.			2.2 NAME			
STREET ADDRESS	P.O. BOX 30185 (N/A)			2.3 STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS TN 38130			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWAN, CHARLES K III			3.2 NAME			
STREET ADDRESS	8505 W. IRLO BRONSON MEM HWY, RT. 192 WEST			3.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34747			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOWER, BRIAN T.			4.2 NAME			
STREET ADDRESS	8505 W. IRLO BRONSON MEM HWY			4.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
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: DATE: 2/5/96 (407) 239-1034

CR2E037 (12/95)

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Pg. 2

CORPORATION ANNUAL REPORT
STATE OF FLORIDA
SECRETARY OF STATE

DUE DATE 05/01/96

CO. NAME: ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM
ASSOCIATION II, INC.
8505 W. IRLO BRONSON MEM. HWY.
KISSIMMEE, FLORIDA 34747

FEDERAL I.D.: 59-3209554

PRESIDENT: SPENCE WILSON
1629 WINCHESTER ROAD
MEMPHIS, TN 38116

V. PRES.: CHARLES K. SWAN III
ADDRESS: 8505 W. IRLO BRONSON MEM. HWY.
KISSIMMEE, FL 34747

SECRETARY: C. KEMMONS WILSON, JR.
ADDRESS: 1629 WINCHESTER ROAD
MEMPHIS, TN 38116

TREASURER: C. KEMMONS WILSON, JR.
1629 WINCHESTER ROAD
MEMPHIS, TN 38116

DIRECTOR: SPENCE WILSON
ADDRESS: 1629 WINCHESTER ROAD, MEMPHIS, TN 38116

DIRECTOR: CHARLES K. SWAN III
ADDRESS: 8505 W. IRLO BRONSON MEM. HWY.,
KISSIMMEE, FL. 34747

DIRECTOR: C. KEMMONS WILSON, JR.
ADDRESS: 1629 WINCHESTER ROAD, MEMPHIS, TN 38116