

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000005054 (2)**  
1. Corporation Name  
**ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION II, INC.**

Principal Place of Business <b>8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34747</b>	Mailing Address <b>8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34747-8206</b>
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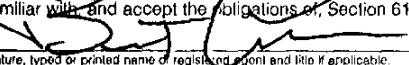
3. Date Incorporated or Qualified <b>11/09/1993</b>	3a. Date of Last Report <b>03/05/1996</b>
4. FEI Number <b>59-3209554</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>8505 W Irlo Bronson Mem Hwy</b>	2a. Mailing Address 26 <b>8505 W Irlo Bronson Mem Hwy</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Kissimmee, FL</b>	City & State 28 <b>Kissimmee, FL</b>
Zip 24 <b>34747-8201</b>	Country 25 <b>USA</b>
Zip 29 <b>34747-8201</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**A.G.C. CO.  
200 SOUTH ORANGE AVE.  
2300 SUN BANK CENTER  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
81 Name **Brian T. Lower**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8505 West Irlo Bronson Memorial Highway**  
83  
84 City **Kissimmee** **FL** 85 Zip Code **34747-8201**

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  **Brian T. Lower** 1/22/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>WILSON, SPENCE</b>	
STREET ADDRESS	<b>P.O. BOX 30185 (N/A)</b>	
CITY-ST-ZIP	<b>MEMPHIS TN 38130</b>	
TITLE	<b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILSON, KEMMONS JR.</b>	
STREET ADDRESS	<b>P.O. BOX 30185 (N/A)</b>	
CITY-ST-ZIP	<b>MEMPHIS TN 38130</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>SWAN, CHARLES K III</b>	
STREET ADDRESS	<b>8505 W. IRLO BRONSON MEM HWY, RT. 192 WEST</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34747</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOWER, BRIAN T.</b>	
STREET ADDRESS	<b>8505 W. IRLO BRONSON MEM HWY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>(see attached sheet)</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D/S/T Donna Schwartz</b>
2.3 STREET ADDRESS	<b>8505 West Irlo Bronson Mem Hwy</b>
2.4 CITY-ST-ZIP	<b>Kissimmee, FL 34747</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<b>900002086409</b>
6.3 STREET ADDRESS	<b>-02/13/97--01015--054</b>
6.4 CITY-ST-ZIP	<b>***70,00</b>

14. I do 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 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:  **Charles K. Swan III** 1/22/97 (407) 239-5200  
President

CR2E037 (9/96)

**ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION  
II, INC.**

**(FEI # 59-32095544)**

**1629 Winchester Road  
Memphis, TN 38116**

Spence Wilson

D/ V

**8505 West Irlo Bronson Memorial Highway  
Kissimmee, FL 34747**

Charles K. Swan III

D/ P

Donna Schwartz

D/ S/ T

Rosalie Agrest

Ex-Officio member

**P=President, V=Vice President, T=Treasurer, S=Secretary, D=Director, C=Chariman,  
Asst.=Assistant**