

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 34747-8201</b>	Mailing Address <b>8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34747-8201</b>
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3. Date Incorporated or Qualified <b>11/09/1993</b>
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4. FEI Number <b>59-3209554</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21 8505 W Irlo Bronson Mem Hwy</b>	2a. Mailing Address <b>28 8505 W Irlo Bronson Mem Hwy</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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City & State <b>23 Kissimmee, FL</b>	City & State <b>28 Kissimmee, FL</b>
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Zip <b>24 34747</b>	Country <b>25 USA</b>	Zip <b>29 34747</b>	Country <b>30 USA</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>LOWER, BRIAN T 8505 WEST IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE FL 34747-8201</b>	
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10. Name and Address of New Registered Agent <b>81 Name</b>
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>
<b>83</b>
<b>84 City</b>
<b>FL</b>
<b>85 Zip Code</b>

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 <b>DP</b>	NAME <b>WILSON, SPENCE</b>	1.1 TITLE <b>D/V</b>	1.2 NAME <b>Spence Wilson</b>
STREET ADDRESS <b>P.O. BOX 30185 (N/A)</b>	CITY-ST-ZIP <b>MEMPHIS TN 38130</b>	1.3 STREET ADDRESS <b>1629 Winchester Road</b>	1.4 CITY-ST-ZIP <b>Memphis, TN 38116</b>
TITLE <b>DST</b>	NAME <b>SCHWARTZ, DONNA</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>8505 WEST IRLO BRONSON MEM HWY</b>	CITY-ST-ZIP <b>KISSIMMEE FL 34747</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>DV</b>	NAME <b>SWAN, CHARLES K III</b>	3.1 TITLE <b>D/P</b>	3.2 NAME <b>Charles K. Swan III</b>
STREET ADDRESS <b>8505 W. IRLO BRONSON MEM HWY, RT. 192 WEST</b>	CITY-ST-ZIP <b>KISSIMMEE FL 34747</b>	3.3 STREET ADDRESS <b>8505 W Irlo Bronson Mem Hwy</b>	3.4 CITY-ST-ZIP <b>Kissimmee, FL 34747</b>
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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14. 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 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 1/23/98 (407) 239-0000  
President Date Davlins Phone #

CR2E037 (10/97)

**ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION  
II, INC.  
(FEI # 59-3209554 )**

**1629 Winchester Road  
Memphis, TN 38116**

Spence Wilson

D/V

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

Charles K. Swan III  
Donna Schwartz  
Rosalie Agrest

D/P  
D/S/T  
Ex-Officio Member

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