

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0082241

04-03-2001 90116 023 *****70.00

DOCUMENT # N93000005054
 1. Entity Name
ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSO

Principal Place of Business 8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34747-8201	Mailing Address 8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34747-8201
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C0041428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3209554	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
LOWER, BRIAN T
8505 WEST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE FL 34747-8201

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME	DV WILSON, SPENCE <input checked="" type="checkbox"/> Delete
STREET ADDRESS	1629 WINCHESTER RD
CITY-ST-ZIP	MEMPHIS TN 38116
TITLE NAME	DST SCHWARTZ, DONNA <input type="checkbox"/> Delete
STREET ADDRESS	8505 WEST IRLO BRONSON MEM HWY
CITY-ST-ZIP	KISSIMMEE FL 34747
TITLE NAME	DP SWAN, CHARLES K III <input type="checkbox"/> Delete
STREET ADDRESS	8505 W. IRLO BRONSON MEM HWY, RT. 192 WEST
CITY-ST-ZIP	KISSIMMEE FL 34747
TITLE NAME	EOM AGREST, ROSALIE <input type="checkbox"/> Delete
STREET ADDRESS	8505 W. IRLO BRONSON MEMORIAL HWY.
CITY-ST-ZIP	KISSIMMEE FL 34747
TITLE NAME	EOM TURNER, DONALD <input type="checkbox"/> Delete
STREET ADDRESS	8505 W. IRLO BRONSON MEMORIAL HWY.
CITY-ST-ZIP	KISSIMMEE FL 34747
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	President/D Donna Schwartz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8505 West Irlo Bronson Memorial Highway
CITY-ST-ZIP	Kissinmee, FL 34747
TITLE NAME	VP/ D Charles K. Swan III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8505 West Irlo Bronson Memorial Highway.
CITY-ST-ZIP	Kissimnee, FL 34747
TITLE NAME	S/D Rosalie Agrest <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8505 West Irlo Bronson Memorial Highway
CITY-ST-ZIP	Kissimnee, FL; 34747
TITLE NAME	T/D Donald Turner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8505 West Irlo Bronson Memorial Highway
CITY-ST-ZIP	Kissimnee, FL 34747
TITLE NAME	D Charles Schisler <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1629 Winchester Rd
CITY-ST-ZIP	Memphis, TN 38116

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: **CHARLES K. SWAN III V.P.** 3/2/01 (407) 239-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment Doc # NO 130000005054
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**ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION
II, INC.
(FEI # 59-3209554)**

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

Donna Schwartz	D/P
Charles K. Swan III	D/VP
Rosalie Agrest	D/S
Donald Turner	D/T
Charles Schisler	D

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant