2005 NOT-FOR-P ROFIT CORPORATION AMENDED / NNUAL REPORT

1	MENT # N930000	05054						FILE)			
1. Entity Name ORANGE LAKE COUNTRY CLU ASSOCIATION II, INC.		VILLAS CONDOMINIUM					05 OC	T 13 N	4 O			
	e of Business RLO BRONSON MEMORIAL HWY FL 34747-8201	Mailing Address 8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747-8201				SECK. TALLAHA	ISSEE, FL	ORIDA				
2. Principal P	lace of Business	3. Mailing Address					11111 11 111 11111 11 111	I BBIN BBILL BUN B				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				09262005 Ch	g-NP	CR2E037 (10/03)			
City & State	e	City & State					4. FEI Number 59-320955	4			plied For at Applicable	
Zip Country		Zip Co		Cou	untry		5. Certificate of Sta	atus Desired		.75 Add	litional	
6. Name and Address of Cu		ent Registered Agent				7. Name and Add	ress of New R					
LOWER, B	RRIAN T				Name	Name						
8505 WES	T IRLO BRONSON MEM(E, FL 34747-8201	RIAL HIGHWAY			Street Address (P.O. Box Number is Not Acceptable)							
					City	City FL Zip Code						
	named entity submits this statem ions of registered agent.	nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a								and accept		
SIGNATURE .				_								
	Signature, typed or printed name of registere	agent and title if applicable. (NOTE: Registered Agent signeture required				when reinstating)		DATE				
	Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees					
10.	OFFICERS AT	DIRECTORS 11.				-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PD COUNTABLY DONNA	☐ Delete TIT								Change	Addition	
NAME SCHWARTZ, DONNA STREET ADDRESS 8505 WEST IRLO BRONSC		I MEM HWY STRE			ET ADORESS							
CITY-ST-ZIP KISSIMMEE, FL 34747					-ST-ZIP							
TITLÉ	VPD	Delete		tinu	Ε _	VP]	Di Hassin			Change	Addition	
NAME STREET ADDRESS	SWAN, CHARLES K III 8505 W. IRLO BRONSON N	=MHWY RT	192 WEST	NAM STRE	E Et address	SEV.	L Harrill 5 W Irlo (Sansor	7 HWY	•	·	
CITY-ST-ZIP	KISSIMMEE, FL 34747				-\$1-ZIP	KISS	simmec.Fl	3474	[7			
TITLE	SD	☐ Delete		TITLE			•			Change :	Addition	
NAME STREET ADDRESS	AGREST, ROSALIE 8505 W. IRLO BRONSON F	EMORIAL HWY			E Et adoress							
CITY-ST-ZIP	KISSIMMEE, FL 34747	LINOTALE HAVE.		1	-ST-ZIP							
TITLE	TD	☐ Delete		TITL	E				Ε	Change	Addition	
NAME STREET AODRESS	TURNER, DONALD 8505 W. IRLO BRONSON I	EMORIA: HIMA			et address		100060582821 10/13/0501056006 **70,00					
CITY-ST-ZIP	KISSIMMEE, FL 34747	ENIONAL HAAT.			-ST-ZIP		19/13/0501056006 **70.00					
TITLE	D	☐ Delete		TITU	E					Change	Addition	
NAME	SCHISLER, CHARLES				ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	1629 WINCHESTER ROAL MEMPHIS, TN 38116				-ST-ZIP							
TITLE	<u> </u>		☐ Delete	TITU	£					Change	Addition	
NAME		NA OT										
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - S1-ZIP							
12. I hereby	certify that the information supplie	I 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 of the cor	on this report or supplemental reporation or the receiver or truster	ont 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if ass, with all other like empowered.										
SIGNATURE: I DOWN TO !		Johnnot Donn Schirutz Resident abidis										
SIGNATURE: AND THE SIGNATURE AND THE		O OR PRINTED NAME OF MERINA OFFICER OR DIRECTOR Daytime Phone #										

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