


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90004 001 ****70.00

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1. Entity Name
ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION II, INC.



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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3209554

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHWARTZ, DONNA 8505 WEST IRLO BRONSON MEM HWY KISSIMMEE, FL 34747 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HARRILL, DON L 8505 W. IRLO BRONSON HWY KISSIMMEE, FL 34747 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD AGREST, ROSALIE 8505 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TURNER, DONALD 8505 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHISLER, CHARLES 1629 WINCHESTER ROAD MEMPHIS, TN 38116 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SCHWARTZ, DONNA 8505 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747 | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEE ATTACHED FOR LIST OF OFFICERS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Harrill, Don L 8505 W. Irlo Bronson Memorial Hwy. Kissimmee, FL 34747 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP Schisler, Charles 8505 W. Irlo Bronson Memorial Hwy. Kissimmee, FL 34747 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Listed twice - See Above | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Brian T. Lower** **2-22-2008** **407-239-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40032750
193000005054

**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 |
| Don L. Harrill | D |
| Rosalie Agrest | D/S |
| Donald Turner | D/T |
| Charles Schisler | D/VP |

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