

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005054

FILED
Jan 12, 2009
Secretary of State

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

Current Principal Place of Business:

8505 WEST IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 347478201

New Principal Place of Business:

Current Mailing Address:

8505 WEST IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 347478201

New Mailing Address:

FEI Number: 59-3209554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOWER, BRIAN T
8505 WEST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 347478201 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHWARTZ, DONNA
Address: 8505 WEST IRLO BRONSON MEM HWY
City-St-Zip: KISSIMMEE, FL 34747

Title: D () Delete
Name: HARRILL, DON L
Address: 8505 W. IRLO BRONSON MEMORIAL HWY.
City-St-Zip: KISSIMMEE, FL 34747

Title: SD () Delete
Name: AGREST, ROSALIE
Address: 8505 W. IRLO BRONSON MEMORIAL HWY.
City-St-Zip: KISSIMMEE, FL 34747

Title: TD () Delete
Name: TURNER, DONALD
Address: 8505 W. IRLO BRONSON MEMORIAL HWY.
City-St-Zip: KISSIMMEE, FL 34747

Title: DVP () Delete
Name: SCHISLER, CHARLES
Address: 8505 W. IRLO BRONSON MEMORIAL HWY.
City-St-Zip: KISSIMMEE, FL 34747

Title: DP () Delete
Name: SCHWARTZ, DONNA
Address: 8505 W. IRLO BRONSON MEMORIAL HWY.
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN T. LOWER

Electronic Signature of Signing Officer or Director

ASST

01/12/2009

Date