

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000002596

1. Corporation Name
ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION III, INC.

Principal Place of Business: 8505 W IRLO BRONSON MEMORIAL HWY, KISSIMMEE FL 34747
 Mailing Address: 8505 W IRLO BRONSON MEMORIAL HWY, KISSIMMEE FL 34747

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/06/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3517163	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOWER, BRIAN T 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34747				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PTD	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAN, CHARLES K III		12 NAME				
STREET ADDRESS	8505 W IRLO BRONSON MEMORIAL HWY		13 STREET ADDRESS	100002821081			
CITY-ST-ZIP	KISSIMMEE FL 34747		14 CITY-ST-ZIP	-03/26/99--01133--010			
TITLE	VD	<input type="checkbox"/> DELETE	21 TITLE	*****70.00			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, SPENCE		22 NAME				
STREET ADDRESS	P O BOX 30185 N/A		23 STREET ADDRESS				
CITY-ST-ZIP	MEMPHIS TN 38130		24 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	31 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWER, BRIAN T		32 NAME				
STREET ADDRESS	8505 W IRLO BRONSON MEMORIAL HWY		33 STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34747		34 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				

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 with all other like empowered.

SIGNATURE: _____ DATE: 3/3/99 DAYTIME PHONE #: (407) 239-0000

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