

2001 UNIFORM BUSINESS REPORT (UBR)

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

0092231

DOCUMENT # N98000002596

04-03-2001 90116 022 ****70.00

1. Entity Name

ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSO

Principal Place of Business

Mailing Address

8505 W IRLO BRONSON MEMORIAL HWY
 KISSIMMEE FL 34747

8505 W IRLO BRONSON MEMORIAL HWY
 KISSIMMEE FL 34747

C0041429



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3517163

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWER, BRIAN T
8505 W IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34747

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SWAN, CHARLES K III 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, SPENCE 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOWER, BRIAN T 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lower, Director

2/1/01

(407) 239-1034

Date

Daytime Phone #

CR2E037 (10/00)

Attachment Doc# 198000002596
C0041429

**ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION
III, INC.
(FEI #59-3517163)**

**1629 Winchester Road
Memphis, TN 38116**

Spence Wilson

D/VP

**8505 West Irlo Bronson Memorial Hwy.
Kissimmee, FL 34747**

Charles K. Swan
Brian T. Lower

D/P/T
D/S