

2005 NOT-FOR-PROFIT CORPORATION AMENDED / ANNUAL REPORT

DOCUMENT # N98000002596			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
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. 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)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SWAN, CHARLES K III 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILSON, SPENCE 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WOLBERT, DAVID 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied 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 add			
with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 add			
SIGNATURE: _____		Date _____	
Signature and Title of Signing Officer or Director		Daytime Phone # _____	

FILED
05 OCT 13 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 2005



09272005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3517163 Applied For Not Applicable

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

700060582787
10/13/05--01056--005 **\$0.00

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #