


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90016 032 ****70.00

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**

40033310



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3517163

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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	DVP	<input type="checkbox"/> Delete
NAME	WILSON, SPENCE	
STREET ADDRESS	8505 W IRLO BRONSON MEMORIAL HWY	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WOLBERT, DAVID	
STREET ADDRESS	8505 W IRLO BRONSON MEMORIAL HWY	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARRILL, DON L	
STREET ADDRESS	8505 WEST IRLO BRONSON MEMORIAL HWY	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:  **Don L. Harrill** **3/9/07** **(407) 239-5200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40035910

N9800000 2596

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

**8700 Trail Lake Dr. West, Suite 300
Memphis, TN 38125**

Spence Wilson

D/VP

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

Don L. Harrill
David Wolbert

D/P

D/S/T

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