

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762655

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

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC5918472968**

**Current Principal Place of Business:**

8505 WEST IRLO BRONSON MEMORIAL HWY.  
KISSIMMEE, FL 34747

**Current Mailing Address:**

8505 WEST IRLO BRONSON MEMORIAL HWY.  
KISSIMMEE, FL 34747

**FEI Number: 62-1134849**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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: EILEEN CHADDOCK**

**01/08/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/P  
Name ROYE, BETH ANN D  
Address 8505 W IRLO BRONSON MEMORIAL HWY  
City-State-Zip: KISSIMMEE FL 34747

Title D/VP  
Name JOHNSON, STEPHEN E  
Address 8505 W. IRLO BRONSON MEMORIAL HWY.  
City-State-Zip: KISSIMMEE FL 34747

Title D/S  
Name HARRILL, DON L  
Address 8505 W. IRLO BRONSON MEMORIAL HWY  
City-State-Zip: KISSIMMEE FL 34747

Title D/T  
Name GOODE, LAWRENCE P  
Address 8505 W. IRLO BRONSON MEMORIAL HWY  
City-State-Zip: KISSIMMEE FL 34747

Title D  
Name WYNER, BARRY A  
Address 8505 W. IRLO BRONSON MEMORIAL HWY  
City-State-Zip: KISSIMMEE FL 34747

Title D  
Name BRAUND, STUART J  
Address 8505 W. IRLO BRONSON MEMORIAL HWY  
City-State-Zip: KISSIMMEE FL 34747

Title DIRECTOR  
Name MASIELLO, JAMES F  
Address 8505 WEST IRLO BRONSON MEMORIAL HWY.  
City-State-Zip: KISSIMMEE FL 34747

*I hereby 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 all other like empowered.*

**SIGNATURE: DON L. HARRILL**

**SECRETARY**

**01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date