

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002596

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

**Current Principal Place of Business:**

8505 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34747

**Current Mailing Address:**

9271 S JOHN YOUNG PARKWAY  
ORLANDO, FL 32819 US

**FEI Number: 59-3517163**

**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**

**04/19/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LAURENCE, KENNETH J SR.  
Address        8505 W IRLO BRONSON MEMEORIAL  
                  HWY  
City-State-Zip: KISSIMMEE FL 34747

Title            DIRECTOR  
Name            NELSON , THOMAS R  
Address        9271 S JOHN YOUNG PARKWAY  
City-State-Zip: ORLANDO FL 32819

Title            TREASURER  
Name            LEHMANN, JAMES J  
Address        8505 WEST IRLO BRONSON  
                  MEMORIAL HWY  
City-State-Zip: KISSIMMEE FL 34747

Title            VP  
Name            WALLANDER, PAUL J  
Address        8505 W IRLO BRONSON MEM. HWY  
City-State-Zip: KISSIMMEE FL 34747

Title            SECRETARY  
Name            OLSON, EVELYN M  
Address        8505 W IRLO BRONSON MEM. HWY  
City-State-Zip: KISSIMMEE FL 34747

Title            EX-OFFICIO  
Name            MOORE , ROBERT  
Address        8505 W. IRLO BRONSON MEMORIAL  
                  HIGHWAY  
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: THOMAS NELSON**

**DIRECTOR**

**04/19/2021**

Electronic Signature of Signing Officer/Director Detail

Date