

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F22174

**Entity Name:** ORANGE LAKE COUNTRY CLUB, INC.

**Current Principal Place of Business:**

8505 W IRLO BRONSON MEM HWY  
KISSIMMEE, FL 34747

**Current Mailing Address:**

8505 W IRLO BRONSON MEM HWY  
KISSIMMEE, FL 34747 US

**FEI Number: 58-1434701**

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           DIRECTOR/CEO  
Name           WILSON, SPENCE  
Address        8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

Title           CEO  
Name           HARRILL, DON L  
Address        8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL

Title           D  
Name           WEST, CAROLE WILSON  
Address        8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

Title           D/VP  
Name           WILSON, ROBERT A  
Address        8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

Title           DVP  
Name           WILSON, C. KEMMONS JR.  
Address        8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

Title           DIRECTOR  
Name           WILSON MOORE, ELIZABETH  
Address        8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

Title           EXECUTIVE VP/ SECRETARY  
Name           LOWER, BRIAN T  
Address        8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

Title           PRESIDENT/COO  
Name           NELSON, THOMAS R  
Address        8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

**Continues on page 2**

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BRIAN T LOWER**

**EVP**

**05/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SR. VP/ASST. SECRETARY  
Name THOMPSON, MICHAEL J  
Address 8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

Title SR. VP/CFO/T  
Name DIXON, SONYA  
Address 8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

Title VP  
Name HATFIELD , CHRISTINA  
Address 8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

Title ASST. VP  
Name COHEN, DEBRA A  
Address 8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

Title ASST. SECRETARY  
Name MCCLAIN, GARY  
Address 8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747