

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22174

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC6490289574**

**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  
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

Title           DIRECTOR  
Name           WEST WILSON, CAROLE  
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

**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**

**01/08/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title            SR. VP  
Name            NASSAR, SCOTT  
Address        8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

Title            VP/ASST TREASURER  
Name            BATT, WILLIAM R  
Address        8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

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

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