

**2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F61132

**FILED  
Nov 04, 2022  
Secretary of State  
9051019603CC**

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

**Current Principal Place of Business:**

9271 S. JOHN YOUNG PKWY  
ORLANDO, FL 32819

**Current Mailing Address:**

9271 S JOHN YOUNG PARKWAY  
ORLANDO, FL 32819 US

**FEI Number: 62-1151716**

**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 D, CHAIRMAN  
Name WILSON, SPENCE  
Address 8700 TRAIL LAKE DR WEST  
SUITE 300  
City-State-Zip: MEMPHIS TN 38125

Title D  
Name MOORE, JACKSON W SR.  
Address 8700 TRAIL LAKE DR WEST  
SUITE 300  
City-State-Zip: MEMPHIS TN 38125

Title D  
Name WEST, CAROLE WILSON  
Address 8700 TRAIL LAKE DR WEST  
SUITE 300  
City-State-Zip: MEMPHIS TN 38125

Title D/VP  
Name WILSON, ROBERT A  
Address 9271 S JOHN YOUNG PARKWAY  
City-State-Zip: ORLANDO FL 32819

Title D/VP  
Name WILSON, C.KEMMONS JR.  
Address 9271 S JOHN YOUNG PARKWAY  
City-State-Zip: ORLANDO FL 32819

Title P, CEO  
Name STATEN, JOHN  
Address 9271 S JOHN YOUNG PARKWAY  
City-State-Zip: ORLANDO FL 32819

Title ASST. VP  
Name COHEN, DEBRA  
Address 9271 S JOHN YOUNG PARKWAY  
City-State-Zip: ORLANDO FL 32819

Title SR VP/ CFO/TREASURER  
Name DIXON, SONYA  
Address 9271 S JOHN YOUNG PARKWAY  
City-State-Zip: ORLANDO FL 32819

**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: MICHAEL J. THOMPSON**

**SR. VP/ SECRETARY**

**11/04/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SR VP/SECRETARY  
Name THOMPSON, MICHAEL  
Address 9271 S JOHN YOUNG PARKWAY  
City-State-Zip: ORLANDO FL 32819

Title ASST VP  
Name BRIGGS, CHRISTINA  
Address 9271 S JOHN YOUNG PARKWAY  
City-State-Zip: ORLANDO FL 32819