

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F61132

**FILED**  
**Mar 16, 2015**  
**Secretary of State**  
**CC2839715963**

**Entity Name:** ORANGE LAKE COUNTRY CLUB REALTY, 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:** 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 CEO  
Name HARRILL, DON L  
Address 8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

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

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

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

Title EVPS  
Name LOWER, BRIAN T  
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 D/VP  
Name WILSON, C.KEMMONS JR.  
Address 8505 W IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34747

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

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*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**

**03/16/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title ASST. TREASURER  
Name BATT, WILLIAM R  
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 SR VP/ CFO/TREASURER  
Name DIXON, SONYA  
Address 8505 W. IRLO BRONSON MEMORIAL 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