FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 537595 (1)

1. Corporation Name
ORLANDO WINTER GARDEN KOA, INC.

Principal Place of Business	Mailing Address
13905 W COLONIAL DR WINTER GARDEN FL 34787 US	279 W. HIGHWAY 50 WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/21/1977
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 13905 W Colonial Dr
Suite, Apt. #, etc.
27
City & State
28 Winter Garden FL
Zip
29 34787
Country
30

4. FEI Number: 59-1741142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DUPPENTHALER, D. E.
466 SAND LIME RD
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

91 Name: Diane Duppenthaler
92 Street Address (P.O. Box Number is Not Acceptable): 466 Sand Lime Rd
93
94 City: Winter Garden FL 95 Zip Code: 34787

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] / Diane Duppenthaler DATE: 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	Delete all	☒ Change ☐ Addition
NAME	DUPPENTHALER, D. E.	1.2 NAME		
STREET ADDRESS	1058 S. DILLARD ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP		
TITLE	ASD	2.1 TITLE	S/D	☐ Change ☒ Addition
NAME	DUPENTHALER, DIANE	2.2 NAME		
STREET ADDRESS	466 SAND LIME RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FLF	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	LALLOS, RICHARD A.	3.2 NAME		
STREET ADDRESS	13905 W COLONIAL DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] / Diane Duppenthaler 4/24/95 407-656-4116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

037607B CP