


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90251 003 ****61.25

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| DOCUMENT # 709586 1. Entity Name WEST ORANGE COUNTRY CLUB, INC. |  |
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| Principal Place of Business 3300 W.O.C.C. DRIVE WINTER GARDEN, FL 34787 | Mailing Address 3300 W.O.C.C. DRIVE WINTER GARDEN, FL 34787 |
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-NP CR2E037 (11/05)

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|---|---|
| 4. FEI Number 59-1155668 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**KNOWLES, BRENDA
14003 FAIRWAY WILLOW LANE
WINTER GARDEN, FL 34787**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MIKE BEAVER - DIR. OF OPERATIONS** *Mike Beaver* **1-4-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KNOWLES, BRENDA 14003 FAIRWAY WILLOW LANE WINTER GARDEN, FL 34787 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SCHWEIGER, JAMES J 1843 MORNING SKY DRIVE WINTER GARDEN, FL 34787 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SMYTH, MIKE 4112 WILLOW BAY DRIVE WINTER GARDEN, FL 34787 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James J. Schweiger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____