FILED Jan 18, 2007 8:00 am Secretary of State

ANNUAL REPORT	HUN
DOCUMENT # 709586	(E)

DOCUMENT # 709586 1. Entity Name WEST ORANGE COUNTRY CLUB, INC.									01-18-20	007 90093	034 ****	61.25	
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									00293		III AINIE RIALI AIN	I# ?! 1! (13)	
Principal Place of Business - No P.O. Box # Mailing Address													
Suite, Apt. #, etc. Suite, Apt. #, etc.								01032007	Chg-NP	CR2E03	37 (12/06)		
City & State City & State				/ & State				4. FEI Number 59-11556	68		_ 	plied For t Applicable	
Zip	;	Country	Zip	Zip Co.		intry		5. Certificate of Status Desired			\$9.75 Additional		
		and Address of Current F	Registere	d Agent		Name		7. Name and Ad	ldress of New	Registered	Agent		
KNOWLES, BRENDA 14003 FAIRWAY WILLOW LANE WINTER GARDEN, FL 34787						Street Address (P.O. Box Number is Not Acceptable)							
		0				City		<u>.</u>		FL	Zip Code	9	
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 Signature, typed or printed name of presistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
		e is \$61.25 May 1, 2007		9. Election Carr Trust Fund C		~ _		55.00 May Be added to Fees	FI	Make checi orida Depar			
10.	15	OFFICERS AND DIR	ECTORS		11.		AD	DITIONS/CHAN	GES TO OFFIC	CERS AND DI	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14003 FA	S, BRENDA IRWAY WILLOW LANE GARDEN, FL 34787		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1843 MOF	GER, JAMES J RNING SKY DRIVE GARDEN, FL 34787		☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ı	MIKE LOW BAY DRIVE GARDEN, FL 34787		☐ Delete				_			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		7474		☐ Defete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				***			Change	☐ Addition	
12. I hereby certify that the information supplied with this tiling 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 rustee ampowered 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 butter like empowered. SIGNATURE:													
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #													