
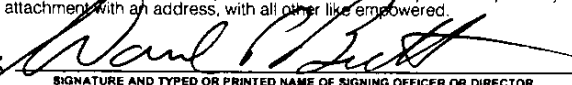


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90047 005 ****61.25

DOCUMENT # 709586 1. Entity Name WEST ORANGE COUNTRY CLUB, INC.					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1155668	
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			7. Name and Address of New Registered Agent Name Ward Britt Street Address (P.O. Box Number is Not Acceptable) 3300 West Orange C.C. Dr. City Winter Garden FL Zip Code 34787		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOWLES, BRENDA		NAME	Ward Britt	
STREET ADDRESS	14003 FAIRWAY WILLOW LANE		STREET ADDRESS	3300 West Orange C.C. Dr.	
CITY - ST - ZIP	WINTER GARDEN, FL 34787		CITY - ST - ZIP	Winter Garden, FL 34787	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWEIGER, JAMES J		NAME		
STREET ADDRESS	1843 MORNING SKY DRIVE		STREET ADDRESS		
CITY - ST - ZIP	WINTER GARDEN, FL 34787		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMYTH, MIKE		NAME		
STREET ADDRESS	4112 WILLOW BAY DRIVE		STREET ADDRESS		
CITY - ST - ZIP	WINTER GARDEN, FL 34787		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					