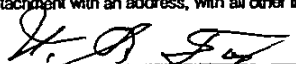


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90308 003 ****61.25

DOCUMENT # 754924					
1. Entity Name ORLANDO INTERNATIONAL RESORT CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5353 DEL VERDE WAY ORLANDO, FL 32819 US			Mailing Address 5353 DEL VERDE WAY ORLANDO, FL 32819 US		
2. Principal Place of Business		3. Mailing Address		 50042779	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		01042005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2062126				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI, FL 33131			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD FOX, WILBERT 3308 LAKESHORE DR. WEST TALLAHASSEE, FL 32312	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAUDOUIN, LARRY 29 BRIARFIELD DR. MARRERO, LA 70072	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIRSCHBERG, BOB 4709 HUMMINGBIRD DR. WALDORF, MD 20603	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hirschberg ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD CRAMER, KARL 1615-141 B STREET SURREY, B.C.,	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cremer ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, GENE 7429 SW 110 PLACE OCALA, FL 34476	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  W.S. FOX, PRES. 4-9-05 383-119					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					