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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **766641** **(5)**

1. Corporation Name

O.R.B.I.T. OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2950 ENTRY POINT BLVD. KISSIMMEE FL 34746	~~300 SOUTH ORANGE AVE.~~ ~~SUITE 2300~~ ~~ORLANDO FL 32801-3440~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 01/21/1983	3a. Date of Last Report: 04/29/1996
21	26 ~~200 S. Orange Ave.~~ 2345 Sand Lake Rd	4. FEI Number: 36-3319856	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ~~2300~~ Suite 100	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 Orlando, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 32809-~~3440~~ 30 / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

KORSHAK, STEOHEN D
2345 SAND LAKE RD
SUITE 100
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VEITH, WALTER		1.2 NAME		
STREET ADDRESS	6012 WEST CENTRAL BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLO VISTA FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BERNATH, GENE		2.2 NAME		
STREET ADDRESS	607 RIDGEWOOD DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	D SATCHA, MIKE	☐ Change ☒ Addition
NAME	KOLECKI, DANIEL J		3.2 NAME	S.R. MEADOW RUN LANE	
STREET ADDRESS	315 SEMINOLE		3.3 STREET ADDRESS	GOOCHS BORO, PA 18924	
CITY-ST-ZIP	MINNEOLA FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	KEYES, RALPH J		4.2 NAME		
STREET ADDRESS	2832 RIVERSIDE PARK RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE	TSD	☒ Change ☐ Addition
NAME	STANCZAK, ROBERTA		5.2 NAME		
STREET ADDRESS	768 FOREST LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LISSIMMEE FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FLORY, PAUL G.		6.2 NAME		
STREET ADDRESS	2345 SAND LAKE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul G. Flory REQUIRED 4/10/97 407-859-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0015916