

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N39410 (8)  
1. Corporation Name  
WEEKENDS OF GREATER ORLANDO, INC.



Principal Place of Business: 626 N. LAKE FORMOSA DR. ORLANDO FL 32803  
Mailing Address: P.O. BOX 536055 ORLANDO FL 32853-6055 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1990		3a. Date of Last Report 04/24/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3020242		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
NEPTUNE, DARBY  
313 SANDPIPER COURT  
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81	Name Thomas F. Lang
82	Street Address (P.O. Box Number is Not Acceptable) 105 E. Robinson Street
83	Suite Suite 201
84	City Orlando
85	Zip Code FL 32801

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 of 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 agree to, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 3/25/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input type="checkbox"/>
NAME	LANG, TOM	
STREET ADDRESS	P.O. BOX 3628	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	LOWERY, BETTY	
STREET ADDRESS	641 NORTH RIO GRANDE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	CARSON, MICHAEL	
STREET ADDRESS	P.O. BOX 690564	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	JOHNSON, KATHY	
STREET ADDRESS	3280 LAKE SHORE DR	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Thomas F.	
1.3 STREET ADDRESS	105 E Robinson St, Suite 201	
1.4 CITY-ST-ZIP	Orlando, FL 32801	
2.1 TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	Koepke, Nancy.	
2.3 STREET ADDRESS	1200 Country Club Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32804	
3.1 TITLE		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS	6254 Silver Glen Court	
3.4 CITY-ST-ZIP	Orlando, FL 32819	
4.1 TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.2 NAME	Neptune, Darby	
4.3 STREET ADDRESS	313 Sandpiper Court	
4.4 CITY-ST-ZIP	Casselberry, FL 32707	
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 in connection with an address.

CR2E037 (9/96)