## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N39410**

WEEKENDS OF GREATER ORLANDO, INC.

Principal Place of Business 626 N. LAKE FORMOSA DR. ORLANDO FL 32803

2. Principal Place of Business

21

Mailing Address P.O. BOX 536055 ORLANDO FL 32853-6055

2a. Mailing Address

Suite, Apt. #, etc.

26

## **FILED** Mar 02, 1999 8:00 am secretary of State

03-02-1999 90010 009 \*\*\*\*61.25



Applied For

3. Date Incorporated or Qualifed 08/08/1990

4. FEI Number

Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied Fo		
2		27			59-3020242	Not Applica	able	
City & State City & State		City & State			5. Certifcate of Status Desired -	\$8.75 Additiona	\$8.75 Additional Fee Required	
23	<u> </u>	<b>Z</b> ip	Country		6. Election Campaign Financing	¬ \$5.00 May Be	$\neg$	
Zip	Country	<b>-</b>	¬ ′		Trust Fund Contribution	Added to Fees	'	
4	25		<u>'l                                      </u>		10. Name and Address of New Reg		$\neg$	
	9. Name and Address of Current f	tegistered Agent	81	Name	Hanno and Alaska			
LANG, THOMAS F				Street Add	dress (P.O. Box Number is Not Acceptable	<del>;</del> )	- 1	
105 E ROBINSON ST							$\neg$	
STE 201								
ORLANDO FL 32801				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		_	
TITLE	D	☐ DELETE	1.1 TITLE		D .	☐ Change	ddition	
NAME	LANG, THOMAS F	1.2 N		=	Tanet Elrod,	•		
	ARE E PORPHICON OF CTE COA			ADDRESS	719 Kiwi Circle	•		
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-\$1	·ZIP	Winter Park, FL	32789		
TITLE	D	☐ DELETE 2.1 T			D .	☐ Change	ddition	
NAME	CARSON, MICHAEL		2.2 NAME	1	Katie Dampsey	Dair.	İ	
STREET ADDRESS	6254 SILVER GLEN CT		2.3 STREET	ADDRESS	<b>~~</b>	masa Drive	1	
CITY-ST-ZIP	ORLANDO FL 32819		2.4 CITY-S	T-ZIP	Orlando, FL 321	803		
TITLE	D	DELETE	3.1 TITLE		•	Change Ad	ddition	
NAME	KOEPKE, NANCY		3.2 NAME	ł			l	
STREET ADDRESS	1256 LAKE WILLISARA CIRCLE		3.3 STREET	ADDRESS			.	
CITY-ST-ZIP	ORLANDO FL 32806		3.4. CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	D	DELETE	4.1 TITLE			☐ Change ☐ Ac	ddition	
NAME	NEPTUNE, DARBY		4. 2 NAME					
STREET ADDRESS	313 SANDPIPER CT		4.3 STREET	ADDRESS		•	ļ	
CITY-\$T-ZIP	CASSELBERRY FL 32707		4.4 CITY-ST	r-ziP		· <u></u>		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Ac	ddition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	•		•		
CITY-ST-ZIP			5.4 CITY-\$1	r-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change A	ddition	
NAME			6.2 NAME		•		ĺ	
STREET ADDRESS			6.3 STREET		•		<u> </u>	
CITY-ST-ZIP			6.4 CITY-S					
14. I hereby o	certify that the information supplied with	this filing does not qualify for th	e exempti	on stated in	Section 119.07(3)(i), Florida Statutes. I fu	inner certify that the informati	aon	

mtal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at eceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in the first of the control of the co indicated on this annual report or st Block 12 or Block 13 if chang

SIGNATURE: