3-8-95 B-19947 C

FILE NOW: FILING FEE AFTER MAY 1 IS $165.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -8 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005054 (2)

1. Corporation Name

ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION II, INC.

Principal Place of Business	Mailing Address
8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34747	8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1993
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-3209554 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
A.G.C. CO. 200 SOUTH ORANGE AVE. 2300 SUN BANK CENTER ORLANDO FL 32801	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 607.0502 and 607.1508, 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 607.0505, 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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, SPENCE	1.2 NAME	
STREET ADDRESS	P.O. BOX 30185 (N/A)	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38130	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, KEMMONS JR.	2.2 NAME	
STREET ADDRESS	P.O. BOX 30185 (N/A)	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38130	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	SWAN, CHARLES K III	3.2 NAME	
STREET ADDRESS	8505 W. IRLO BRONSON MEM HWY, RT. 192 WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34747	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	VP Brian T Lower
STREET ADDRESS		4.3 STREET ADDRESS	8505 W. Irlo Bronson Mem Hwy
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Kissimmee FL 34747
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Brian T Lower Brian T Lower 2/14/95 (407) 239-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Vice President — Date — Daytime Phone #

0080120