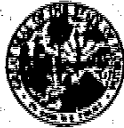


3855 B-1944 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

**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 ASSO
CIATION 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

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **WILSON, SPENCE**
STREET ADDRESS **P.O. BOX 30185 (N/A)**
CITY-ST-ZIP **MEMPHIS TN 38130**

TITLE **DST**
NAME **WILSON, KEMMONS JR.**
STREET ADDRESS **P.O. BOX 30185 (N/A)**
CITY-ST-ZIP **MEMPHIS TN 38130**

TITLE **DV**
NAME **SWAN, CHARLES K III**
STREET ADDRESS **8505 W. IRLO BRONSON MEM HWY, RT. 192 WEST**
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **VP**
4.3 STREET ADDRESS **BRIANT LOWER**
4.4 CITY-ST-ZIP **8505 W. IRLO BRONSON MEM HWY**
KISSIMMEE FL 34747

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(b), 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 incorporator or initial incorporator empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIANT LOWER
Vice President

2/17/95

(407) 229-1034

Daytime Phone #