

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90094 006 ****70.00

DOCUMENT # N93000005054

1. Entity Name
**ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM
ASSOCIATION II, INC.**



Principal Place of Business
**8505 WEST IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34747-8201**

Mailing Address
**8505 WEST IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34747-8201**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3209554

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOWER, BRIAN T
8505 WEST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 34747-8201**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHWARTZ, DONNA 8505 WEST IRLO BRONSON MEM HWY KISSIMMEE, FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HARRILL, DON L 8505 W. IRLO BRONSON HWY KISSIMMEE, FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD AGREST, ROSALIE 8505 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TURNER, DONALD 8505 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHISLER, CHARLES 1629 WINCHESTER ROAD MEMPHIS, TN 38116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don L. Harrill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don L. Harrill

3/30/06

Date

407.239.5200

Daytime Phone #

ATTACHMENT

20028671

#N93008005054

**ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION
II, INC.
(FEI # 59-3209554)**

**8505 West Irlo Bronson Memorial Highway
Kissimmee, FL 34747**

Donna Schwartz
Don L. Harrill
Rosalie Agrest
Donald Turner
Charles Schisler

D/P
D/VP
D/S
D/T
D

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant