

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005055

1. Corporation Name

ORLANDO VACATION SUITES CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6355 MetroWest Blvd.
Suite 180
Orlando, FL 32835

6355 MetroWest Blvd.
Suite 180
Orlando, FL 32835

3. Date Incorporated or Qualified
10/13/94

3a. Date of Last Report
4/04/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number

59-3311563

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

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. Company
200 S. Orange Ave., Suite 2300
Orlando, Florida 32801-3432

81 Name

Donald L. Harrill

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

6355 MetroWest Blvd., Suite 180

83

84 City

Orlando

FL

85 Zip Code
32835

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

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

Donald L. Harrill, President

4/19/96
Date

(NOTE: Registered Agent signature required when rechartering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

TITLE

PD

☒ DELETE

NAME

Allen G. TenBroek

STREET ADDRESS

6355 MetroWest Blvd., Ste. 180

CITY-ST-ZIP

Orlando, FL 32835

TITLE

VPD

☒ DELETE

NAME

Larry B. Gildersleeve

STREET ADDRESS

6355 MetroWest Blvd., Ste. 180

CITY-ST-ZIP

Orlando, FL 32835

TITLE

STD

☐ DELETE

NAME

Thomas O. Matthews

STREET ADDRESS

6355 MetroWest Blvd., Ste. 180

CITY-ST-ZIP

Orlando, FL 32835

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1. TITLE

PD

12. NAME

Donald L. Harrill

13. STREET ADDRESS

6355 MetroWest Blvd., Ste. 180

14. CITY-ST-ZIP

Orlando, FL 32835

☒ Change ☐ Addition

2. TITLE

VPD

22. NAME

Russell G. Abell

23. STREET ADDRESS

6355 MetroWest Blvd., Ste. 180

24. CITY-ST-ZIP

Orlando, FL 32835

☐ Change ☐ Addition

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

300001793803
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***208.75

4-24-96 JR

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

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

Donald L. Harrill, President (407) 521-3100
Date Daytime Phone #

CR2E034 (12/95)