


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90024 044 \*\*\*\*70.00

<b>DOCUMENT # N98000002596</b>					
<b>1. Entity Name</b> ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION III, INC.					
<b>Principal Place of Business</b> 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747			<b>Mailing Address</b> 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01142008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 59-3517163				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
LOWER, BRIAN T 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code                 </div>		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DVP WILSON, SPENCE 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DST WOLBERT, DAVID 8505 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DP HARRILL, DON L 8505 WEST IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D Jim Lehmann 8505 W. Irlo Bronson Memorial Hwy. Kissimmee, FL 34747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D Paul Wallander 8505 W. Irlo Bronson Memorial Hwy. Kissimmee, FL 34747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D Paul Wallander 8505 W. Irlo Bronson Memorial Hwy. Kissimmee, FL 34747	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Don L. Harrill		3-19-08    407-239-0000 <small>Date    Daytime Phone #</small>	

50000081



ATTACHMENT

50000081  
#N98000002596

ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION  
III, INC.  
(FEI #59-3517163)

8505 West Irlo Bronson Memorial Hwy.  
Kissimmee, FL 34747

Don L. Harrill  
Brian T. Lower  
Kenneth Laurence  
Jim Lehmann  
Paul Wallander

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

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