

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90358 017 \*\*\*158.75

**DOCUMENT # F22174**  
 1. Entity Name  
**ORANGE LAKE COUNTRY CLUB, INC.**



Principal Place of Business: 8505 W IRLO BRONSON MEM HWY, KISSIMMEE, FL 34747-8201 US  
 Mailing Address: 8505 W IRLO BRONSON MEM HWY, KISSIMMEE, FL 34747-8201 US

**44040234**



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01122004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES, INC.**  
 1201 HAYES STREET  
 TALLAHASSEE, FL 32301

4. FEI Number: 58-1434701 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: CD NAME: WILSON, SPENCE STREET ADDRESS: 1629 WINCHESTER ROAD CITY-ST-ZIP: MEMPHIS, TN 38116	<input type="checkbox"/> Delete
TITLE: P NAME: SWAN, CHARLES K III. STREET ADDRESS: 8505 W IRLO BRONSON MEM HWY CITY-ST-ZIP: KISSIMMEE, FL	<input type="checkbox"/> Delete
TITLE: D NAME: WEST, CAROLE WILSON STREET ADDRESS: 1629 WINCHESTER RE CITY-ST-ZIP: MEMPHIS, TN	<input type="checkbox"/> Delete
TITLE: PD NAME: WILSON, KEMMONS C JR STREET ADDRESS: 1629 WINCHESTER RD CITY-ST-ZIP: MEMPHIS, TN 28116	<input type="checkbox"/> Delete
TITLE: DVP NAME: WILSON, KEMMONS C JR STREET ADDRESS: 1629 WINCHESTER RD CITY-ST-ZIP: MEMPHIS, TN 38116	<input type="checkbox"/> Delete
TITLE: S NAME: WALLIN, R.E. STREET ADDRESS: 1629 WINCHESTER RD CITY-ST-ZIP: MEMPHIS, TN	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: C/D NAME: Wilson, Spence STREET ADDRESS: 8700 Trail Lake Dr. West, Suite 300 CITY-ST-ZIP: Memphis, TN 38125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: West, Carole Wilson STREET ADDRESS: 8700 Trail Lake Dr. West, Suite 300 CITY-ST-ZIP: Memphis, TN 38125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D/VP NAME: Wilson, C. Kemmons, Jr. STREET ADDRESS: 8700 Trail Lake Dr. West, Suite 300 CITY-ST-ZIP: Memphis, TN 38125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D/VP NAME: Robert A. Wilson STREET ADDRESS: 8700 Trail Lake Dr. West, Suite 300 CITY-ST-ZIP: Memphis, TN 38125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: Wallin, R.E. STREET ADDRESS: 8700 Trail Lake Dr. West, Suite 300 CITY-ST-ZIP: Memphis, TN 38125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Brian T. Lower, Sr. VP Date: 4/21/04 Daytime Phone #: 407.239.1034  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

441040234

#22174

**ORANGE LAKE COUNTRY CLUB, INC.**

(FEI # 58-1434701)

**8700 Trail Lake Dr. West, Suite 300  
Memphis, TN 38125**

Spence Wilson	D/C
Robert A. Wilson	D/VP
C. Kemmons Wilson, Jr.	D/VP
Betty Wilson Moore	D
Carole Wilson West	D
William R. Batt	VP/T
R.E. Wallin	S
Chip Crenshaw	Asst. S/Asst. T
Amy Jarreau	Asst. S
Gary McClain	Asst. T

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

Charles K. Swan, III	P/CEO
Brian T. Lower	Sr. VP/Asst. S
Thomas R. Nelson	Sr. VP/CFO
Jim Petway	Sr. VP
Jim Peters	Sr. VP
Mike Stopperich	Sr. VP
Ron Juneman	Sr. VP
Robert L. Shaw	VP
Michael Thompson	VP
John Kelly	VP
John Sutherland	VP
Murray Coleman	VP
Sybil Stoudenmire	VP

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