


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-29-2004 90358 013 \*\*\*158.75

**DOCUMENT # F61132**

1. Entity Name  
**ORANGE LAKE COUNTRY CLUB REALTY, INC.**




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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01122004      Chg-P      CR2E034 (10/03)

4. FEI Number  
**62-1151716**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICES COMPANY**  
**1201 HAYES STREET**  
**TALLAHASSEE, FL 32301**

**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 NAME STREET ADDRESS CITY-ST-ZIP	P SWAN, CHARLES K III 8505 W IRLO BRONSON MEM HWY KISSIMMEE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP PETWAY, JIM 8505 WEST IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BETTY W 1629 WINCHESTER RD MEMPHIS, TN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, CAROLE WILSON 1629 WINCHESTER RD MEMPHIS, TN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLIN, R.E. 1629 WINCHESTER RD MEMPHIS, TN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP/Asst. S Lower, Brian T. 8505 W Irlo Bronson Mem. Hwy. Kissimmee, FL 34747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP/CFO Nelson, Thomas 8505 W Irlo Bronson Mem. Hwy. Kissimmee, FL 34747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C Moore, Betty Wilson 8700 Trail Lake Drive West, Suite 300 Memphis, TN 38125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D West, Carole Wilson 8700 Trail Lake Drive West, Suite 300 Memphis, TN 38125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wallin, R.E. 8700 Trail Lake Drive West, Suite 300 Memphis, TN 38125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C Wilson, Spence 8700 Trail Lake Drive West, Suite 300 Memphis, TN 38125      See Attached Sheet	<input type="checkbox"/> Change <input checked="" 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**      **4/26/04**      **407.239.0000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Attachment

44040238  
#F 6/13/20

**ORANGE LAKE COUNTRY CLUB REALTY, INC.**  
(FEI # 62-1151716)

**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	T
R.E. Wallin	S
Chip Crenshaw	Asst. S
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
Mike Stopperich	Sr. VP
John Sutherland	VP
Robert L. Shaw	VP
Debra Cohen	Asst. 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