


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90005 024 \*\*\*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**

40032752



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

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

01142008      Chg-P      CR2E034 (12/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**62-1151716**      Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE**  
**SUITE 4**  
**WESTON, FL 33331**

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, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCEO<br>HARRILL, DON L <input type="checkbox"/> Delete<br>8505 W IRLO BRONSON MEM HWY<br>KISSIMMEE, FL 34747   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>WILSON, SPENCE <input type="checkbox"/> Delete<br>8700 TRAIL LAKE DR W STE 300<br>MEMPHIS, TN 38125      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MOORE, BETTY W <input type="checkbox"/> Delete<br>8700 TRAIL LAKE DR. W., STE 300<br>MEMPHIS, TN          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WEST, CAROLE WILSON <input type="checkbox"/> Delete<br>8700 TRAIL LAKE DR. W., STE 300<br>MEMPHIS, TN     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>MCCLAIN, GARY <input type="checkbox"/> Delete<br>8700 TRAIL LAKE DR. W., STE 300<br>MEMPHIS, TN 38125    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SRVP<br>LOWER, BRIAN T <input type="checkbox"/> Delete<br>8505 W. IRLO BRONSON MEM. HWY<br>KISSIMMEE, FL 34747 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>SEE ATTACHED LIST OF OFFICERS   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Exec. VP/S<br>Brian T. Lower <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>8505 W. Irlo Bronson Memorial Hwy.<br>Kissimmee, FL 34747 |

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 reports 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**      2-22-2008      407-239-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

# ATTACHMENT

40032752

# F61132

**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         | Asst. T |
| Chip Crenshaw          | Asst. S |
| Amy Jarreau            | Asst. S |
| Gary McClain           | Asst. S |

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

|                     |                |
|---------------------|----------------|
| Don L. Harrill      | P/CEO          |
| Brian T. Lower      | Exec. VP/S     |
| Thomas R. Nelson    | Exec. VP/CFO/T |
| Debra Cohen         | Asst. VP       |
| Robert A. Albertson | Sr. VP         |

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