

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 12 PM 1:16



1. Name of Limited Partnership

1a. DOCUMENT #
A96000000998

VISTANA WGV, LTD.

Mailing Address

P.O. BOX 22197
LAKE BUENA VISTA FL 32830-2197

Principal Office Address

8801 VISTANA CENTRE DRIVE
ORLANDO FL 32821

3. Date Formed or Registered

05/28/1996

5a. Capital Contributions as
Shown on record.

\$5,000,000.00

3a. Date of Last Report

12/26/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$5,000,000.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

59-3385043

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

GELLEN, RAYMOND L JR.
8801 VISTANA CENTRE DRIVE-
ORLANDO FL 32821-

10. If changed, new Registered Agent/Office

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.

City

PLANTATION

FL

Zip Code
33324

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

December 2, 1997

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

VISTANA WGV HOLDINGS, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

8801 VISTANA CENTRE D

11b. City, State & Zip Code

ORLANDO FL 32821

11c. Registration/
Document Number

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-12/17/97--01115--010
******551.00 ****551.00**

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Jeffrey A. Adler
Vistana WGV, Ltd., by Vistana WGV Holdings, Inc., its sole general partner, by
Typed or Printed Name of General Partner Signing Form **Jeffrey A. Adler, President**

DATE **December 11, 1997**

Daytime Telephone Number **407-239-3000**

CR2E003 (6/97)