

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90094 050 ***158.75

DOCUMENT # K26995

1. Entity Name
VACATION RESORT RESALES, 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192006

Chg-P

CR2E034 (11/05)

4. FEI Number

62-1357128

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOWER, BRIAN T
8505 WEST IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34747**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DC WILSON, SPENCE 8700 TRAIL LAKE DR. WEST, STE 300 MEMPHIS, TN 38125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HARRILL, DON L 8505 W. IRLO BRONSON HWY. KISSIMMEE, FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILSON, ROBERT A 8700 TRAIL LAKE DR. WEST, STE 300 MEMPHIS, TN 38125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILSON, C. KEMMONS JR 8700 TRAIL LAKE DR. WEST, STE 300 MEMPHIS, TN 38125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON-MOORE, BETTY 8700 TRAIL LAKE DR. WEST, STE 300 MEMPHIS, TN 38125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BATT, WILLIAM R 8700 TRAIL LAKE DR. WEST, STE 300 MEMPHIS, TN 38125	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list of Officers
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

Don L. Harrill

Don L. Harrill

3/30/06

407.239.5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

20028675

K26995

VACATION RESORT RESALES, INC.
(FEI # 62-1357128)

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
Chip Crenshaw	Asst. S/Asst. T
Amy Jarreau	Asst.S
Gary McClain	S

8505 West Irlo Bronson Memorial Highway
Kissimmee, FL 34747

Don L. Harrill	P/CEO
Brain T. Lower	Sr. VP/Asst. S
Thomas R. Nelson	Sr. VP/CFO
Robert L. Shaw	VP
Catherine Duncan	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



ATTACHMENT
2008675

April 10, 2006

VIA DHL

Division of Corporation
2670 Executive Center Circle, Suite 100
Tallahassee, FL 32301

To Whom it May Concern:

Enclosed you will find Uniform Business Reports and corresponding checks for the following companies:

Vacation Resort Resales, Inc.	CK# 50007
Wilson Resort Management Corp	CK# 50182
Orange Lake Country Club, Inc.	CK# 300850
Orange Lake Condo I	CK# 50019
Orange Lake Condo II	CK# 50009
Orange Lake Condo IV	CK# 3004867
Orange Lake Country Club Realty	CK# 300810
Town Center Property Owners Assoc	CK# 300807
Wilson Travel Group, Inc.	CK# 50403

If you require further information I can be contacted at 407.905.1904.

Sincerely,

Shanna Hawes
Legal Assistant

Encl.