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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90077 014 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000003678

1. Corporation Name  
VISTANA ACCEPTANCE CORP.

Principal Place of Business

8801 VISTANA CENTRE DR.  
ORLANDO FL 32821  
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1995

4. FEI Number

59-3304480

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

83

84 City Tallahassee

85 Zip Code  
FL 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Statement of Change filed with Florida Secretary of State

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME GELLEIN, RAYMOND L JR.  
STREET ADDRESS 8801 VISTANA CENTRE DR  
CITY-ST-ZIP ORLANDO FL

TITLE PD ☐ DELETE

NAME ADLER, JEFFREY A  
STREET ADDRESS 8801 VISTANA CENTRE DR  
CITY-ST-ZIP ORLANDO FL

TITLE VPCA ☒ DELETE

NAME AVRIL, MATTHEW E  
STREET ADDRESS 8801 VISTANA CENTRE DR.  
CITY-ST-ZIP ORLANDO FL 32821-6353

TITLE SVPS ☐ DELETE

NAME WERTH, SUSAN B  
STREET ADDRESS 8801 VISTANA CENTRE DR.  
CITY-ST-ZIP ORLANDO FL 32821-6353

TITLE SCAT ☒ DELETE

NAME SABIN, JOHN M  
STREET ADDRESS 8801 VISTANA CENTRE DR.  
CITY-ST-ZIP ORLANDO FL 32821-6353

TITLE VCCF ☐ DELETE

NAME HARRIS, CHARLES E  
STREET ADDRESS 8801 VISTANA CENTRE DR  
CITY-ST-ZIP ORLANDO FL 32821

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VC/CFO/SVP/T/AS

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Werth Sr. VP/Law, Secretary 4/28/99 (407) 239-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)