

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000045088 (7)**

1. Corporation Name

VISTANA WGV HOLDINGS, INC.

Principal Place of Business

**8801 VISTANA CENTRE DRIVE
ORLANDO FL 32821-6353**

Mailing Address

**POST OFFICE BOX 22187
LAKE BUENA VISTA FL 32830-2187**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1996

4. FEI Number

59-3385026

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

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

83

84 City

FL

85 Zip Code

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

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	<input type="checkbox"/> DELETE
NAME	GELLEN, RAYMOND L JR	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32821	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADLER, JEFFREY A	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32821	

TITLE	EVCA	<input type="checkbox"/> DELETE
NAME	AVRIL, MATTHEW E	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	

TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	WERTH, SUSAN B	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MCKNIGHT, JAMES A	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	LYTLE, CAROL	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VC/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harris, Charles E.	
1.3 STREET ADDRESS	8801 Vistana Centre Drive	
1.4 CITY-ST-ZIP	Orlando, FL 32821-6353	

2.1 TITLE	SVP/T/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sabin, John M.	
2.3 STREET ADDRESS	8801 Vistana Centre Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32821-6353	

3.1 TITLE	VP/CAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Patten, Mark E.	
3.3 STREET ADDRESS	8801 Vistana Centre Drive	
3.4 CITY-ST-ZIP	Orlando, FL 32821-6353	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

[Signature]

4/8/98

(407) 239-3000

CR2E034 (10/97)