

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90077 005 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P96000053021**

1. Corporation Name  
**VISTANA ADMINISTRATION, INC.**

Principal Place of Business  
 8801 VISTANA CENTRE DRIVE  
 ORLANDO FL 32821-6353

Mailing Address  
 POST OFFICE BOX 22197  
 LAKE BUENA VISTA FL 32830-2197



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/21/1996**

4. FEI Number **59-3384897** 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 24 Country 25

2a. Mailing Address  
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 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)  
 83 **1201 Hays Street**  
 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** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>GELLEIN, RAYMOND L JR</b> <b>8801 VISTANA CENTRE DRIVE</b> <b>ORLANDO FL 32821-6353</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ADLER, JEFFREY A</b> <b>8801 VISTANA CENTRE DRIVE</b> <b>ORLANDO FL 32821-6353</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ECAS</b> <b>AVRIL, MATTHEW E</b> <b>8801 VISTANA CENTRE DRIVE</b> <b>ORLANDO FL 32821-6353</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPS</b> <b>WERTH, SUSAN B</b> <b>8801 VISTANA CENTRE DRIVE</b> <b>ORLANDO FL 32821-6353</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>LYTLE, CAROL</b> <b>8801 VISTANA CENTRE DRIVE</b> <b>ORLANDO FL 32821-6353</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>MCKNIGHT, JAMES A</b> <b>8801 VISTANA CENTRE DRIVE</b> <b>ORLANDO FL 32821-6353</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		VC/CF0/T/AS Harris, Charles E. 8801 Vistana Centre Drive Orlando, FL 32821-6353	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* SIGNATURE REQUIRED **Susan Werth, Secretary** Sr. VP/Law & 4/28/99 (407) 239-3000  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)