# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S98549

1. Entity Name
WILSON RESORT MANAGEMENT CORP.

FILED
05 OCT -7 PM 3:15

| Principal Place of Business | Mailing Address |
|---|---|
| 8505 W. IRLO BRONSON MEMORIAL HWY.<br>KISSIMMEE, FL 34747-8201 | 8505 W. IRLO BRONSON MEMORIAL HWY.<br>KISSIMMEE, FL 34747-8201 |

09262005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3095499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LOWER, BRIAN T<br>8505 WEST IRLO BRONSON MEMORIAL HIGHWAY<br>KISSIMMEE, FL 34747-8201 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Amended AR is $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SWAN, CHARLES K. III<br>8505 W. IRLO BRONSON MEMORIAL HWY<br>KISSIMMEE, FL 34747 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>P/CEO<br>Don L. Harrill<br>8505 W Irlo Bronson Hwy<br>Kissimmee, FL 34747 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>WILSON, ROBERT A<br>8700 TRAIL LAKE DR., STE 300<br>MEMPHIS, TN 38125 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>WILSON, C. KEMMONS JR.<br>8700 TRAIL LAKE DR., STE 300<br>MEMPHIS, TN 38125 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>500060358645<br>10/07/05--01046--017 **70.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SRVS<br>LOWER, BRIAN T<br>8505 WEST IRLO BRONSON MEMORIAL HWY.<br>KISSIMMEE, FL 34747 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MOORE, BETTY W<br>8700 TRAIL LAKE DR., STE 300<br>MEMPHIS, TN 38125 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WEST, CAROLE WILSON<br>8700 TRAIL LAKE DR., STE 300<br>MEMPHIS, TN 38125 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. 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 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:** _____ Brian T. Lower Sr. V.P 407.239.0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #