

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S98549		
1. Entity Name WILSON RESORT MANAGEMENT CORP.		

Principal Place of Business 8505 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747-8201	Mailing Address 8505 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747-8201
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
05 OCT -7 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09262005 Chg-P CR2E034 (10/03)

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 LOWER, BRIAN T 8505 WEST IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34747-8201		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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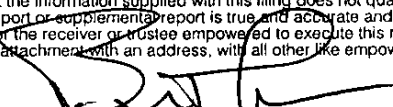
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWAN, CHARLES K. III 8505 W. IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PICED Don L. Harrill 8505 W Irlo Bronson Hwy Kissimmee, FL 34747 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILSON, ROBERT A 8700 TRAIL LAKE DR., STE 300 MEMPHIS, TN 38125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILSON, C. KEMMONS JR. 8700 TRAIL LAKE DR., STE 300 MEMPHIS, TN 38125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060358645 10/07/05--01046--017 ***70.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVS LOWER, BRIAN T 8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BETTY W 8700 TRAIL LAKE DR., STE 300 MEMPHIS, TN 38125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, CAROLE WILSON 8700 TRAIL LAKE DR., STE 300 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 life 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 #