
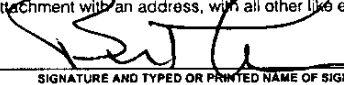


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90094 003 \*\*\*158.75

<b>DOCUMENT # S98549</b> 1. Entity Name <b>WILSON RESORT MANAGEMENT CORP.</b>					
Principal Place of Business <b>8505 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747-8201</b>			Mailing Address <b>8505 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747-8201</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LOWER, BRIAN T</b> <b>8505 WEST IRLO BRONSON MEMORIAL HIGHWAY</b> <b>KISSIMMEE, FL 34747-8201</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>HARRILL, DON L</b> <b>8505 W. IRLO BRONSON MEMORIAL HWY</b> <b>KISSIMMEE, FL 34747</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See attached list of Officers</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>WILSON, ROBERT A</b> <b>8700 TRAIL LAKE DR., STE 300</b> <b>MEMPHIS, TN 38125</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>WILSON, C. KEMMONS JR.</b> <b>8700 TRAIL LAKE DR., STE 300</b> <b>MEMPHIS, TN 38125</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SRVS</b> <b>LOWER, BRIAN T</b> <b>8505 WEST IRLO BRONSON MEMORIAL HWY.</b> <b>KISSIMMEE, FL 34747</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, BETTY W</b> <b>8700 TRAIL LAKE DR., STE 300</b> <b>MEMPHIS, TN 38125</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEST, CAROLE WILSON</b> <b>8700 TRAIL LAKE DR., STE 300</b> <b>MEMPHIS, TN 38125</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			<b>Brian T. Lower</b> <b>3/30/06</b> <b>407.239.5200</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #</small>		

# ATTACHMENT

20028674

#S98549

**WILSON RESORT MANAGEMENT CORP.**  
(FEI # 59-3095499)

**8700 Trail Lake Dr. West, Suite 300**  
**Memphis, TN 38125**

Spence Wilson	D/C
Robert A. Wilson	D/VP
C. Kemmons Wilson, Jr.	D/VP
Betty Wilson Moore	D
Carole Wilson West	D
William R. Batt	T
Gary McClain	S

**8505 West Irlo Bronson Memorial Highway**  
**Kissimmee, FL 34747**

Don L. Harrill	P/CEO
Brian T. Lower	Sr. VP/ Asst. S
Thomas R. Nelson	Sr. VP/CFO
Ron Juneman	Sr. VP
Ralph Bailey	Sr. VP
John Kelly	VP
Michael Thompson	VP
Debra A. Cohen	Asst. VP

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant