

**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

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**FILED**

2006 SEP 22 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**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

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

09152006 Chg-P CR2E034 (11/05)



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: \_\_\_\_\_

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)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HARRILL, DON L 8505 W. IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILSON, ROBERT A 8700 TRAIL LAKE DR., STE 300 MEMPHIS, TN 38125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILSON, C. KEMMONS JR. 8700 TRAIL LAKE DR., STE 300 MEMPHIS, TN 38125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVS LOWER, BRIAN T 8505 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BETTY W 8700 TRAIL LAKE DR., STE 300 MEMPHIS, TN 38125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, CAROLE WILSON 8700 TRAIL LAKE DR., STE 300 MEMPHIS, TN 38125	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President Scott Nassar 8505 W. Irlo Bronson Mem. Hwy. Kissimmee, FL 34747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800080228678 09/27/06--01053--023 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST FOR ALL OFFICERS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Brian T. Lower Brian T. Lower, Sr Vice President 9/21/06 407.239.0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/25/06

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**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
Scott Nassar	Sr. 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