



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>103554</b>		2. Name of Corporation <b>Eastern Resorts Corporation</b>			
3. Street Address Principal Business Office <b>8427 South Park Circle; Ofc of the Gen. Counsel</b>			City <b>Orlando</b>	State <b>FL</b>	Zip <b>32819</b>
4. Business Phone No. <b>(973) 496-2633</b>		5. State of Incorporation <b>DELAWARE</b>			6. SIC Code <b>0</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO ENGAGE IN THE OPERATION AND DEVELOPMENT OF REAL PROPERTY.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Franz S. Hanning</b>			Vice President Name <b>Lynn A. Feldman</b>		
Street Address <b>8427 South Park Circle</b>			Street Address <b>1 Campus Drive</b>		
City <b>Orlando</b>	State <b>FL</b>	Zip <b>32819</b>	City <b>Parsippany</b>	State <b>NJ</b>	Zip <b>07054</b>
Secretary Name <b>Eric J. Bock</b>			Treasurer Name <b>David B. Wyshner</b>		
Street Address <b>9 W. 57th St., 37th Fl.</b>			Street Address <b>1 Campus Drive</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10019</b>	City <b>Parsippany</b>	State <b>NJ</b>	Zip <b>07054</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>James E. Buckman</b>			Director Name <b>Stephen P. Holmes</b>		
Street Address <b>9 W. 57th St., 37th Fl.</b>			Street Address <b>1 Campus Drive</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10019</b>	City <b>Parsippany</b>	State <b>NJ</b>	Zip <b>07054</b>
Director Name <b>David B. Wyshner</b>			Director Name		
Street Address <b>1 Campus Drive</b>			Street Address		
City <b>Parsippany</b>	State <b>NJ</b>	Zip <b>07054</b>	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 COMM \$.01 PAR VALUE</b>		<b>.01</b>	<b>0</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*103554\*

File Date	<b>FILED</b>
Check No.	<b>MAR 25 2005</b>
By	<b>MS</b>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Lynn A. Feldman** 1-21-05  
Signature of Officer Date

**Lynn A. Feldman**  
Print or Type Name of Officer

**Vice President and Assistant Secretary**

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>103554</b>		2. Name of Corporation <b>Eastern Resorts Corporation</b>			
3. Street Address Principal Business Office <b>8427 South Park Circle</b>		City <b>Orlando</b>	State <b>Florida</b>	Zip <b>32819</b>	
4. Business Phone No. <b>407-370-5200</b>		5. State of Incorporation <b>DELAWARE</b>		6. SIC Code <b>0</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO ENGAGE IN THE OPERATION AND DEVELOPMENT OF REAL PROPERTY.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Franz S. Hanning</b>		Vice President Name <b>Joseph Huber</b>			
Street Address <b>8427 South Park Circle</b>		Street Address <b>1 Campus Drive</b>			
City <b>Orlando</b>	State <b>Florida</b>	Zip <b>32819</b>	City <b>Parsippany</b>	State <b>New Jersey</b>	Zip <b>07054</b>
Secretary Name <b>Eric J. Bock</b>		Treasurer Name <b>David Wyshner</b>			
Street Address <b>9 West 57<sup>th</sup> Street, 37<sup>th</sup> Floor</b>		Street Address <b>1 Campus Drive</b>			
City <b>New York</b>	State <b>New York</b>	Zip <b>10019</b>	City <b>Parsippany</b>	State <b>New Jersey</b>	Zip <b>07054</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>James E. Buckman</b>		Director Name <b>Stephen P. Holmes</b>			
Street Address <b>9 West 57<sup>th</sup> Street, 37<sup>th</sup> Floor</b>		Street Address <b>1 Campus Drive</b>			
City <b>New York</b>	State <b>New York</b>	Zip <b>10019</b>	City <b>Parsippany</b>	State <b>New Jersey</b>	Zip <b>07054</b>
Director Name <b>David Wyshner</b>		Director Name			
Street Address <b>1 Campus Drive</b>		Street Address			
City <b>Parsippany</b>	State <b>New Jersey</b>	Zip <b>07054</b>	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 COMM \$0.01 PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>0.01</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 5 5 4 \*

File Date **1-26-04**  
Check No. **718943**  
By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Joseph Huber** **1/23/04**  
Signature of Officer Date  
**Joseph Huber**  
Print or Type Name of Officer  
**Vice President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 103554 2. Name of Corporation Eastern Resorts Corporation Office of the General Counsel  
3. Street Address Principal Business Office 8427 South Park Circle City Orlando State FL Zip 32819  
4. Business Phone No. 407-370-5200 5. State of Incorporation DELAWARE 6. SIC Code 0  
7. Brief Description of the Character of Business Conducted in Rhode Island

Develop and market vacation ownership properties.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
<u>Franz Hanning</u>	<u>Joseph Huber</u>
Street Address	Street Address
<u>8427 South Park Circle</u>	<u>1 Campus Drive</u>
City <u>Orlando</u> State <u>FL</u> Zip <u>32819</u>	City <u>Parsippany</u> State <u>NJ</u> Zip <u>07054</u>
Secretary Name	Treasurer Name
<u>Eric Bock</u>	<u>Duncan Cocroft</u>
Street Address	Street Address
<u>9 W. 57th St. - 37th FL</u>	<u>(same as above)</u>
City <u>New York</u> State <u>NY</u> Zip <u>10019</u>	City <u></u> State <u></u> Zip <u></u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
<u>James Buckman</u>	<u>Stephen Holmes</u>
Street Address	Street Address
<u>(same as above)</u>	<u>(same as above)</u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>
Director Name	Director Name
Street Address	Street Address
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000 COMM</u>	<u>\$01</u>	<u>PAR VALUE</u>

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>none</u>	<u>.01</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 5 5 4 \*

File Date: 2/14/03

Check No.: 596512

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Joseph Huber 2/5/03  
Signature of Officer Date

Joseph Huber  
Print or Type Name of Officer

VP, Tax  
Title of Officer

Form 630 12/02



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103554 2. Name of Corporation Eastern Resorts Corporation  
3. Street Address Principal Business Office 115 Long Wharf City Newport State RI Zip 02840  
4. Business Phone No. 973-428-9700 5. State of Incorporation DELAWARE 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Develop and market vacation ownership properties

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	R. Perry Harris	Vice President Name	Richard Winkler
Street Address	115 Long Wharf	Street Address	115 Long Wharf
City	Newport	City	Newport
State	RI	State	NJ
Zip	02840	Zip	02840
Secretary Name	Richard Winkler	Treasurer Name	James Mercurio
Street Address	(same as above)	Street Address	(same as above)
City		City	
State		State	
Zip		Zip	

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Richard Breeden	Director Name	
Street Address	(same as above)	Street Address	
City		City	
State		State	
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	none	.01

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	none	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 4/1/02  
Check No.: 484810  
By: Com

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Richard Winkler Date 3/18/2002

Richard Winkler  
Print or Type Name of Officer

Vice President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **103554** 2. Name of Corporation **Eastern Resorts Corporation**  
3. Street Address Principal Business Office City State Zip  
**115 Long Wharf** **Newport,** **RI** **02840**  
4. Business Phone No. 5. State of Incorporation 6. SIC Code  
**(401) 845-0100** **DELAWARE**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**real property management and development**

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <b>R. Perry Harris</b> Street Address <b>115 Long Wharf</b> City State Zip <b>Newport RI 02840</b> Secretary Name <b>Richard G. Winkler</b> Street Address <b>115 Long Wharf</b> City State Zip <b>Newport RI 02840</b>	Vice President Name  Street Address  City State Zip   Treasurer Name <b>R. Perry Harris</b> Street Address <b>115 Long Wharf</b> City State Zip <b>Newport RI 02840</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <b>Richard C. Breeden</b> Street Address <b>100 Northfield Street</b> City State Zip <b>Greenwich CT 06830</b>	Director Name  Street Address  City State Zip   Director Name  Street Address  City State Zip   Director Name  Street Address  City State Zip   Director Name  Street Address  City State Zip   
---------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 COMM \$.01 PAR VALUE**

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 COMMON no**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 5 5 4 \*

File Date: 1/25/00  
Check No.: 3805  
By: AC  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] Date  
Richard G. Winkler  
Print or Type Name of Officer  
Secretary  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>103554</b>		2. Name of Corporation <b>Eastern Resorts Corporation</b>			
3. Street Address Principal Business Office <b>115 Long Wharf</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
4. Business Phone No. <b>(401) 845-0100</b>		5. State of Incorporation <b>DELAWARE</b>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Real property management and development</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) • <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>R. Perry Harris</b>			Vice President Name		
Street Address <b>115 Long Wharf</b>			Street Address		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Secretary Name <b>Richard G. Winkler</b>			Treasurer Name <b>R. Perry Harris</b>		
Street Address <b>115 Long Wharf</b>			Street Address <b>115 Long Wharf</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) • <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>Richard C. Breeden</b>			Director Name		
Street Address <b>100 Northfield Street</b>			Street Address		
City <b>Greenwich</b>	State <b>CT</b>	Zip <b>06830</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 COMM \$.01 PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 5 5 4 \*

File Date: **1/16/99**

Check No.: **16766**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**[Signature]** January 29, 1999  
Signature of Officer Richard Winkler Date

Print or Type Name of Officer  
**Secretary**  
Title of Officer