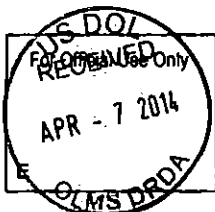


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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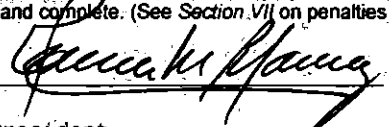
1. File Number: C- 00664


| Person Filing | |
|---|--|
| 2. Name and mailing address (include ZIP Code): Name Edward M Echanique Title President Organization Labor Relations Consulting P.O. Box, Bldg., Room No., if any Street 155 Bay Laurel Drive City Mooresville State North Carolina ZIP Code + 4 28115 | 3. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 |
| 4. Date fiscal year ends: Dec / 31 | 5. Type of person: a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Other (Specify): |

| Nature of Agreement or Arrangement | |
|---|---|
| 6. Full name and address of employer with whom made (include ZIP Code): Name Peter Miller Organization Parc Soleil Hilton Grand Vacations Trade Name, if any P.O. Box, Bldg., Room No., if any Street 11272 Desforges Ave. City Orlando State Florida ZIP Code + 4 32836 | 7. Date entered into: 1 / 27 / 2014 8. Name of person(s) through whom made: Name Name Name Name Name |

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed 
Title President
President
(If other title, see instructions)

14. Signed 
Title Treasurer
Treasurer
(If other title, see instructions)

On 02/25/2014 (951) 265-5584
Date Telephone Number

On 02/25/2014 (951) 265-5584
Date Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Present information about employees' rights under Section 7 and answer questions regarding collective bargaining in group meetings or individually

11.b. Period during which performed:

01/27/2014

11.c. Extent performed:

On going

11.d. Name and address through whom performed:

Name Edward M Echanique
Organization Labor Relations Consulting
P.O. Box, Bldg., Room No., if any
Street 155 Bay Laurel Drive
City Mooresville
State North Carolina ZIP Code + 4 28115

Additional Name and address through whom performed, if any:

Name
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

12.a. Identify subject groups of employees:

All Customer Service, Housekeeping, Maintenance and Food and Beverage Employees

12.b. Identify subject labor organizations:

United Service Workers Union Local 74