

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005171

FILED
Feb 14, 2011
Secretary of State

Entity Name: CNL LIFESTYLE PROPERTIES, INC.

Current Principal Place of Business:

450 S. ORANGE AVE.
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4920
ORLANDO, FL 328024920

New Mailing Address:

FEI Number: 20-0183627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 S. ORANGE AVE.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DC
Name: SENEFF, JAMES M JR.
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: DTVC
Name: BOURNE, ROBERT A
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: COO
Name: MULLER, CHARLES A
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: EVP
Name: QUINLAN, TAMMY A
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: AS
Name: SCARCELLI, LINDA A
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: PCEO
Name: CARLOCK, RAYMON BYRON JR
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA A. SCARCELLI

AS

02/14/2011

Electronic Signature of Signing Officer or Director

Date