2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# K66302

Entity Name: OKEECHOBEE CHAMPIONSHIP GOLF, INC.

Current Principal Place of Business:

2100 EMERALD DUNES DRIVE
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

2100 EMERALD DUNES DRIVE
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-0115196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHERRY, RICHARD G.
4400 PGA BLVD, SUITE 900
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WARNER, RODDA
Address: 6440 POPLAR AVE., SUITE 395
City-St-Zip: MEMPHIS, TN 38119

Title: VD ( ) Delete
Name: FINCH, RAYMON R III
Address: 2100 EMERALD DUNES DR.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete
Name: ADAMS, DAVE
Address: 401 N. MAIN ST., SUITE 400
City-St-Zip: HENDERSONVILLE, NC 28792

Title: D ( ) Delete
Name: FAZIO, TOM
Address: 401 N MAIN ST., SUITE 400
City-St-Zip: HENDERSONVILLE, NC 28792

Title: PD ( ) Delete
Name: WELLING, BEAU
Address: 401 N. MAIN ST., SUITE400
City-St-Zip: HENDERSONVILLE, NC 28792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAYMON R. FINCH, III VD 04/06/2005

Electronic Signature of Signing Officer or Director — Date