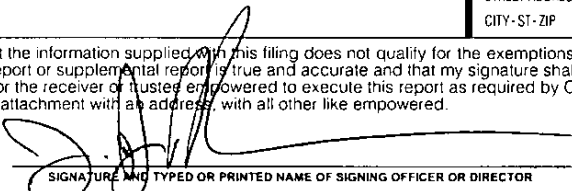


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90076 015 ****61.25

DOCUMENT # N12778 1. Entity Name LOST CREEK VILLAGE AT VINES COUNTRY CLUB, INC.					
Principal Place of Business PEGASUS PROPERTY MANAGEMENT, INC. 17595 S TAMiami # 100 FORT MYERS, FL 33908 US			Mailing Address PEGASUS PROPERTY MANAGEMENT, INC. 17595 S TAMiami # 100 FORT MYERS, FL 33908 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2763947	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARSDEN, HELEN C/O PEGASUS PROPERTY MANAGEMENT 17595 S TAMiami # 100 FORT MYERS, FL 33908			Name GARY MARSDEN Street Address (P.O. Box Number is Not Acceptable) C/O PEGASUS PROPERTY MGMT 17595 S. TAMiami TRL, 100 City FORT MYERS FL Zip Code 33908		
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 4/8/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLAPP, LEROY 19666 LOST CREEK DR. FT. MYERS, FL 33967	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPER, ROLAND 19603 LOST CREEK DR. FT. MYERS, FL 33967	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOT, JACOB 19606 LOST CREEK DR. FT. MYERS, FL 33967	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, PATRICIA 19563 LOST CREEK DR. FT. MYERS, FL 33967	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, JAMES 19633 LOST CREEK DR. FORT MYERS, FL 33912	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 617, 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:  DATE 4-8-08 DAYTIME PHONE # 239-480-0627 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					