2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N12778

Entity Name: LOST CREEK VILLAGE AT VINES COUNTRY CLUB, INC.

Current Principal Place of Business:

PEGASUS PROPERTY MANAGEMENT, INC.
17595 S TAMIAMI # 100
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

PEGASUS PROPERTY MANAGEMENT, INC.
17595 S TAMIAMI # 100
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 59-2763947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARSDEN, GARY
C/O PEGASUS PROPERTY MANAGEMENT
17595 S TAMIAMI # 100
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

STEVEN, ALLEN
C/O PEGASUS PROPERTY MANAGEMENT
17595 S TAMIAMI # 100
FORT MYERS, FL 33908 US

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: STEVEN ALLEN 03/27/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	CLAPP, LEROY	
Address:	19666 LOST CREEK DR.	
City-St-Zip:	FT. MYERS, FL 33967	
Title:	TD	( ) Delete
Name:	LOPER, ROLAND	
Address:	19603 LOST CREEK DR.	
City-St-Zip:	FT. MYERS, FL 33967	
Title:	D	( ) Delete
Name:	SLOT, JACOB	
Address:	19606 LOST CREEK DR.	
City-St-Zip:	FT. MYERS, FL 33967	
Title:	D	( ) Delete
Name:	DORAN, PATRICIA	
Address:	19563 LOST CREEK DR.	
City-St-Zip:	FT. MYERS, FL 33967	
Title:	PD	( ) Delete
Name:	ROBINSON, JAMES	
Address:	19633 LOST CREEK DR.	
City-St-Zip:	FORT MYERS, FL 33912	

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 exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE ALLEN A 03/27/2009
Electronic Signature of Signing Officer or Director — Date