2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# N05000010235

Entity Name: RIVER STRAND GOLF & COUNTRY CLUB, INC.

Current Principal Place of Business:

551 N CATTLEMEN ROAD SUITE 202
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

551 N CATTLEMEN ROAD SUITE 202
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 20-3650619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHLOTTHAUER, WILLIAM G
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: PD ( ) Delete
Name: ALLEGRA, ROBERT T
Address: 551 N CATTLEMEN ROAD SUITE 200
City-St-Zip: SARASOTA, FL 34232

Title: VD ( ) Delete
Name: CAMPBELL, MICHAEL
Address: 551 N CATTLEMEN ROAD SUITE 200
City-St-Zip: SARASOTA, FL 34232

Title: STD ( ) Delete
Name: DOORES, STEVEN C
Address: 551 N CATTLEMEN ROAD SUITE 202
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SQUITIERI, TONY
Address: 551 N CATTLEMEN ROAD SUITE 200
City-St-Zip: SARASOTA, FL 34232

Title: VD (X) Change ( ) Addition
Name: SORENSEN, ANDY
Address: 551 N CATTLEMEN ROAD SUITE 200
City-St-Zip: SARASOTA, FL 34232

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: TONY SQUITIERI PD 03/28/2008

Electronic Signature of Signing Officer or Director — Date