

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005171

**FILED  
Jun 10, 2014  
Secretary of State  
CC2994162275**

**Entity Name:** CNL LIFESTYLE PROPERTIES, INC.

**Current Principal Place of Business:**

450 S. ORANGE AVE.  
ORLANDO, FL 32801

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 32802-4920

**FEI Number:** 20-0183627

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PATTERSON, AMY J  
450 S. ORANGE AVE.  
ORLANDO, FL 32801 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DC  
Name SENEFF, JAMES MJR.  
Address 450 S. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

Title TREASURER  
Name JOSEPH, JOHNSON T  
Address 450 S. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

Title CEO  
Name MAULDIN, STEPHEN H  
Address 450 S. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

Title SVP  
Name GREER, HOLLY  
Address 450 S. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

Title AS  
Name PATTERSON, AMY J  
Address 450 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title VC  
Name SITTEMA, THOMAS K  
Address 450 S. ORANGE AVENUE  
City-State-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:** STEPHEN H. MAULDIN

**CEO/PRESIDENT**

**06/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date