2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# 701534

Entity Name: LAKE OF THE HILLS COMMUNITY CLUB INC

Current Principal Place of Business:

47 E STARR AVE
LAKE WALES, FL 33898 US

New Principal Place of Business:

Current Mailing Address:

536 S LAKE STARR BLVD
LAKE WALES, FL 33898766 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSCHER, JOHANNA
536 S LAKE STARR BLVD
LAKE WALES, FL 338987663 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: TD ( ) Delete
Name: ESTES, MARK
Address: 55 E. STARR AVE.
City-St-Zip: LAKE WALES, FL 33898

Title: SD ( ) Delete
Name: BUSCHER, JOHANNA
Address: 536 S LAKE STARR BLVD
City-St-Zip: LAKE WALES, FL 338987663

Title: P ( ) Delete
Name: HART, FRANCIS
Address: 405 S LAKE STARR BLVD
City-St-Zip: LAKE WALES, FL 33898

Title: D ( ) Delete
Name: GALLOWAY, KATHE
Address: 843 S. LAKE STARR BLVD.
City-St-Zip: LAKE WALES, FL 33898

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:

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: JOHANNA BUSCHER SD 01/19/2009
Electronic Signature of Signing Officer or Director — Date