


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90063 022 ****61.25

DOCUMENT # 705796 1. Entity Name TRACY'S POINT COMMUNITY CLUB, INC.					
Principal Place of Business TRACY'S POINT COMMUNITY P.O. BOX 301 LAKE PANASOFFKEE, FL 33538 US			Mailing Address PO BOX 301 LAKE PANASOFFKEE, FL 33538 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-2363266			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHOTT, THOMAS 2529 CR 448 LAKE PANASOFFKEE, FL 33538				7. Name and Address of New Registered Agent Name WILSON, DAVID Street Address (P.O. Box Number is Not Acceptable) 1275 CR 442 City LAKE PANASOFFKEE FL Zip Code 33538	
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 David Wilson, President TPCC <i>David C Wilson</i> 04-04-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHOTT, LILLIS 2529 CR 448 LAKE PANASOFFKEE, FL 33538	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	VP SCHOTT, LILLIS 2529 CR 448 LAKE PANASOFFKEE, FL 33538	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAFFER, HARRY JR 2211 CR 4378 LAKE PANASOFFKEE, FL 33538	<input type="checkbox"/> Delete	D WILSON, CHERYL 1275 CR 442 LAKE PANASOFFKEE, FL 33538	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERTIEIM, SU 980 CR 437 LAKE PANASOFFKEE, FL 33538	<input type="checkbox"/> Delete	D TONNIES, PAT 1138 CR 457 LAKE PANASOFFKEE, FL 33538	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENYON, RICHARD PO BOX 358 LAKE PANASOFFKEE, FL 33538	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTEN, MARIETTE PO BOX 147 LAKE PANASOFFKEE, FL 33538	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, DAVID 1275 CR 442 LAKE PANASOFFKEE, FL 33538	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Su Gerheim</i> Su Gerheim, Secretary-TPCC 4/4/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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