2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# 732217

Entity Name: MILES GRANT COUNTRY CLUB, INC.

Current Principal Place of Business:

5101 SE MILES GRANT ROAD
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

5101 SE MILES GRANT RD.
STUART, FL 349971826

New Mailing Address:

FEI Number: 59-1573732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELLEBERG, ALFRED
5101 S.E. MILES GRANT ROAD
STUART, FL 34997 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:	VP	( ) Delete
Name:	HEIM, GEORGE	
Address:	5101 SE MILES GRANT RD.	
City-St-Zip:	STUART, FL 34997	
Title:	P	( ) Delete
Name:	ATWOOD-SCHROEDER, FRANCEINA	
Address:	5101 SE MILES GRANT RD	
City-St-Zip:	STUART, FL 34997	
Title:	T	( ) Delete
Name:	CAHILL, RYAN	
Address:	5101 SE MILES GRANT RD	
City-St-Zip:	STUART, FL 34997	
Title:	S	( ) Delete
Name:	WEED, ELIZABETH	
Address:	5101 SE MILES GRANT RD	
City-St-Zip:	STUART, FL 34997	
Title:	AS	(X) Delete
Name:	HAMILTON, BRUCE	
Address:	5101 SE MILES GRANT RD	
City-St-Zip:	STUART, FL 34997	
Title:	AT	(X) Delete
Name:	MCTERNAN, CATHERINE	
Address:	5101 SE MILES GRANT RD	
City-St-Zip:	STUART, FL 34997	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VP	(X) Change ( ) Addition
Name:	HAMILTON, BRUCE	
Address:	5101 SE MILES GRANT RD.	
City-St-Zip:	STUART, FL 34997	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	MCTERNAN, CATHERINE	
Address:	5101 SE MILES GRANT RD	
City-St-Zip:	STUART, FL 34997	
Title:	S	(X) Change ( ) Addition
Name:	KADLEC, CONSTANCE	
Address:	5101 SE MILES GRANT RD	
City-St-Zip:	STUART, FL 34997	
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: CONSTANCE KADLEC S 02/18/2009

Electronic Signature of Signing Officer or Director — Date