

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735953

FILED  
Apr 20, 2006  
Secretary of State

**Entity Name:** CARL HILL GALLOWAY PIONEER CLUB, INC.

**Current Principal Place of Business:**

PO BOX 165000  
ALTAMONTE SPRINGS, FL 327165000 US

**New Principal Place of Business:**

**Current Mailing Address:**

1100 CAREW AVENUE  
ORLANDO, FL 32804 US

**New Mailing Address:**

**FEI Number:** 59-1671744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLY, CAROLYN D.  
1100 CAREW AVENUE  
ORLANDO, FL 32804 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: P ( ) Delete  
Name: PETERSON, HANS  
Address: 555 LAKE BORDER DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: V ( ) Delete  
Name: WILLIAMS, TERRY  
Address: 555 LAKE BORDER DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: V ( ) Delete  
Name: CORDER, CAROL  
Address: 555 LAKE BORDER DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete  
Name: KELLY, CAROLYN D  
Address: 555 LAKE BORDER DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: T ( ) Delete  
Name: LECLAIRE, MELISSA  
Address: 555 LAKE BORDER DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: WOLFE, MELBA  
Address: 555 LAKE BORDER DRIVE  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LECLAIRE, MICHAEL  
Address: 555 LAKE BORDER DRIVE  
City-St-Zip: APOPKA, FL 32703

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 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: CAROLYN D KELLY

SD

04/20/2006

Electronic Signature of Signing Officer or Director

Date