2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2012
Secretary of State

DOCUMENT# 735953

Entity Name: CARL HILL GALLOWAY PIONEER CLUB, INC.

Current Principal Place of Business:

555 LAKE BORDER DRIVE
APOPKA, FL 32703 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 (X)**

Name and Address of Current Registered Agent:

KELLY, CAROLYN D SEC.
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
Name: ADAMS, CHRISTINE
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

Title: V
Name: SANDLER, JACKI
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

Title: D
Name: FINSTAD-BOHN, JO
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

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

Title: T
Name: LECLAIRE, MICHAEL
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

Title: D
Name: TURNER, EARL
Address: 555 LAKE BORDER DRIVE
City-St-Zip: APOPKA, FL 32703

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN D KELLY SD 03/02/2012

Electronic Signature of Signing Officer or Director — Date