2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2010
Secretary of State

DOCUMENT# 740793

Entity Name: ORANGE BLOSSOM C.B. CLUB INC.

Current Principal Place of Business:

135 S COUNTY RD 315
INTERLACHEN, FL 321489700 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 69
INTERLACHEN, FL 321489700

New Mailing Address:

FEI Number: 59-1791692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANNING, BONNIE
101 ALLEN DR
HOLLISTER, FL 32147 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: SMITH, KEN
Address: 22164 NE 77 TERRACE
City-St-Zip: CITRA, FL 32113

Title: 1VP
Name: BLY, ALAN
Address: 202 MIRROR LAKE DRIVE
City-St-Zip: INTERLACHEN, FL 32148

Title: T
Name: MANNING, BONNIE
Address: 101 ALLEN DR
City-St-Zip: HOLLISTER, FL 32147

Title: D
Name: BLY, VIVIEN
Address: 202 MIRROR LAKE DRIVE
City-St-Zip: INTERLACHEN, FL 32148

Title: D
Name: LAWRENCE, JOHN
Address: 506 FOWLER AV
City-St-Zip: INTERLACHEN, FL 32148

Title: D
Name: WRIGHT, DANIEL
Address: 320 MILTON AVE
City-St-Zip: INTERLACHEN, FL 32148

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: BONNIE MANNING T 03/25/2010

Electronic Signature of Signing Officer or Director — Date