2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

1. Entity Nam	MENT #741044 iner lake club, inc.			.	25-2008 901	34 010 ****61.	25	
Principal Place of Business Mailing Address 12212 SE LANTANA AVE P.O. BOX 511 HOBE SOUND, FL 33475 HOBE SOUND, FL 3345		5 						
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212008 Ch	g-NP (CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-1093230	3	— ,	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	□ \$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Reg	istered Agent		
SUNDHEIM, FREDERICK G JR 310 W. FIRST ST STUART, FL 34994				Name Street Address (P.O. Box Number is Not Acceptable)				
			City	City FL Zip Code				
	named entity submits this statement fo ions of registered agent.	the purpose of changing its re	egistered office or re	gistered agent, or both, in t	he State of Florid	a. I am familiar with,	and accept	
1	Signature, typed or printed name of registered agent is	and title if applicable. (NOTE: F	Registered Agent signature re	required when reinstating)		DATE		
	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be		DATE se check payable to a Department of Si		
10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Florida	e check payable to a Department of Si	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be	Florida	e check payable to a Department of Si	tate	
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF PD LOVELY, MARY 8575 S.E. MARS ST.	9. Election Camp Trust Fund Co	paign Financing Intribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida	e check payable to a Department of SI AND DIRECTORS IN	Addition	
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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:

true and typed or printed name of Signific Officer or Director

4/21/08

772-219-1655