2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2010
Secretary of State

DOCUMENT# 743078

Entity Name: TWIN FOUNTAINS CLUB, INC.

Current Principal Place of Business:

6400 TWIN FOUNTAIN DR.
LAKE WALES, FL 338988700 US

New Principal Place of Business:

Current Mailing Address:

6400 TWIN FOUNTAIN DR.
LAKE WALES, FL 338988700 US

New Mailing Address:

FEI Number: 59-2933376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF
2500 MAITLAND CENTER PARKWAY
SUITE 209
MAITLAND, FL 32751 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: PD
Name: EUBANKS, JAMES A
Address: 6205 TREASURE VALLEY LOOP
City-St-Zip: LAKE WALES, FL 33898

Title: DR
Name: STULTS, EVERETT
Address: 137 CANDLEWOOD DR.
City-St-Zip: LAKE WALES, FL 33898

Title: VP
Name: BELL, STEPHEN
Address: 106 CANDELWOOD DR
City-St-Zip: LAKE WALES, FL 33898

Title: DR
Name: DARNELL, WILLIAM
Address: 148 CANDLEWOOD DR.
City-St-Zip: LAKE WALES, FL 33898

Title: DR
Name: THOMAS, TOM
Address: 121 CANDLEWOOD DR.
City-St-Zip: LAKE WALES, FL 33898

Title: SEC
Name: EUBANKS, LINDA M
Address: 6205 TREASURE VALLEY LOOP
City-St-Zip: LAKE WALES, FL 33898

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: JAMES A. EUBANKS PRES 01/18/2010

Electronic Signature of Signing Officer or Director — Date