

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90471 028 ****61.25

DOCUMENT # 756091 1. Entity Name RIO PINAR COUNTRY CLUB, INC.					
Principal Place of Business 8600 EL PRADO DR. ORLANDO, FL 32825			Mailing Address 8600 EL PRADO DR. ORLANDO, FL 32825		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0835421	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, ISAAC 8600 EL PRADO DR. ORLANDO, FL 32825				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATHEN, BOB 1956 COTSWOLD DR ORLANDO, FL 32825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, TOM 10250 SHADOWBROOK LN. ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUNDERLIN SUNDEALIN, WALTER 8515 GRENSTAD CT. ORLANDO, FL 32825	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTZELL, ED 1500 ENSENADA DR. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLMAN, GARY 1718 BILLINGSHURST CT. ORLANDO, FL 32825	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JORGE 1516 HUNTERS HILL PL. ORLANDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNUTSON, LARRY 1845 COTSWOLD DR. ORLANDO, FL 32825	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGNER, JOE 2935 FITZPATRICK DR. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JOHN 1125 PINAR DR. ORLANDO, FL 32825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHYLVICK, DANIEL 9126 SHADOWBROOK TR. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCARONZI CARONZI, ELSON 727 CEDAR FOREST CIR. ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
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: <i>Walter J. Sunderlin</i> Walter J. Sunderlin 4/24/06 407-277-5121					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60032623



04242006 Chg-NP CR2E037 (11/05)