2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007658

Entity Name: CNL LAKEFRONT MARINA TRS CORP.

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
450 S. ORANGE AVE. ORLANDO, FL 32801				
Current Mailing Address:			New Mailing Address:	
P.O. BOX 4920 ORLANDO, FL 32802				
FEI Number: 20-8026549 FEI Number Applied For () FEI Number		nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
SCARCELLI, LINDA A 450 S. ORANGE AVE. ORLANDO, FL 32801 US				
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				
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	. ,		Title: Name: Address: City-St-Zip:	P (X) Change () Addition CARLOCK, RAYMON BYRON JR. 450 S. ORANGE AVE. ORLANDO, FL 32801
Title: Name: Address: City-St-Zip:	EVPD () MULLER, CHAR 450 S. ORANGE ORLANDO, FL	E AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	EVPS () QUINLAN, TAMM 450 S. ORANGE ORLANDO, FL	E AVE.	Title: Name: Address: City-St-Zip:	EVPD (X) Change () Addition QUINLAN, TAMMIE A 450 S. ORANGE AVE. ORLANDO, FL 32801
Title: Name: Address: City-St-Zip:	SVP () SINELLI, AMY 450 S. ORANGE ORLANDO, FL		Title: Name: Address: City-St-Zip:	SVPD (X) Change () Addition SINELLI, AMY 450 S. ORANGE AVE. ORLANDO, FL 32801
Title: Name: Address: City-St-Zip:	AS () SCARCELLI, LII 450 S. ORANGE ORLANDO, FL	E AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	FRIDLINGTON,	LLOW RD., SUITE 239	Title: Name: Address: City-St-Zip:	D (X) Change () Addition FRIDLINGTON, JOHN L 68 SO. SERVICE ROAD, SUITE 120 MELVILLE, NY 11747

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA A SCARCELLI AS 04/02/2009