

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 03, 2011
Secretary of State

Entity Name: CNL INCOME MAGIC SPRING TRS CORP.

Current Principal Place of Business:

450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

PO BOX 4920
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 41-2225696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801 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: AS
Name: SCARCELLI, LINDA A
Address: 450 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: DSVP
Name: JOHNSON, JOSEPH T
Address: 450 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: DEVP
Name: MULLER, CHARLES A
Address: 450 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: DEVP
Name: QUINLAN, TAMMIE A
Address: 450 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: DEANGELIS, DAVID V
Address: 68 SO. SERVICE ROAD, SUITE 120
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: FRIDLINGTON, JOHN L
Address: 68 SO. SERVICE ROAD, SUITE 120
City-St-Zip: ORLANDO, FL 32801

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA A. SCARCELLI

AS

02/03/2011

Electronic Signature of Signing Officer or Director

Date