

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002963

FILED
Feb 17, 2012
Secretary of State

Entity Name: CNL INCOME MYRTLE WAVES TRS CORP.

Current Principal Place of Business:

450 S ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

PO BOX 4920 ATTN: LEGAL COMPLIANCE
ORLANDO, FL 328024920

New Mailing Address:

FEI Number: 26-2919048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 S 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: P
Name: MAULDIN, STEPHEN H
Address: 450 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: DSVP
Name: YESTER, SHARON A
Address: 450 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: DSVP
Name: GREER, HOLLY
Address: 450 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: DEANGELIS, DAVID V
Address: 68 SOUTH SERVICE ROAD, SUITE 120
City-St-Zip: MELVILLE, NY 11747

Title: D
Name: FRIDLINGTON, JOHN L
Address: 68 SOUTH SERVICE ROAD, SUITE 120
City-St-Zip: MELVILLE, NY 11747

Title: DSVP
Name: JOHNSON, JOSEPH T
Address: 450 S ORANGE AVENUE
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: JOSEPH T. JOHNSON

SVP

02/17/2012

Electronic Signature of Signing Officer or Director

Date