2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# F08000004566

Entity Name: CNL INCOME OKEMO MOUNTAIN TRS CORP.

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4920
ORLANDO, FL 328024920

New Mailing Address:

FEI Number: 26-3587669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCARCELLI, LINDA S 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete
Name: CARLOCK, RAYMOND BYRON JR
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: P ( ) Delete
Name: CARLOCK, RAYMOND BYRON JR
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: VD ( ) Delete
Name: MULLER, CHARLES A EXEC.
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: VD ( ) Delete
Name: QUINLAN, TAMMIE A EXEC.
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: VS ( ) Delete
Name: SINELLI, AMY SENIOR
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: TS ( ) Delete
Name: BOURNE, ROBERT A
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSVP (X) Change ( ) Addition
Name: SINELLI, AMY
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DEVP (X) Change ( ) Addition
Name: MULLER, CHARLES A
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: DEVP (X) Change ( ) Addition
Name: QUINLAN, TAMMIE A
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: AS (X) Change ( ) Addition
Name: SCARCELLI, LINDA
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: T (X) Change ( ) Addition
Name: BOURNE, ROBERT A
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

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 06/23/2009

Electronic Signature of Signing Officer or Director — Date