2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003684

Entity Name: HMC NAPLES GOLF, INC.

FILED Feb 19, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6903 ROCKLEDGE DRIVE SUITE 1500 BETHESDA, MD 20817 US			SUITE 150	6903 ROCKLEDGE DRIVE SUITE 1500 BETHESDA, MD 208171862 US		
Current Mailing Address:			New Maili	New Mailing Address:		
6903 ROCKLEDGE DRIVE SUITE 1500 BETHESDA, MD 20817 US			SUITE 150	6903 ROCKLEDGE DRIVE SUITE 1500 BETHESDA, MD 208171862 US		
FEI Number:	52-2126154	FEI Number Applied For () FEI	Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name				lame and Address of New Registered Agent:		
1201 HAYS TALLAHAS	SEE, FL 32301	US	1201 HAYS TALLAHAS	CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012699 US of changing its registered office or registered agent, or both,		
in the State		billis tills statement for the purpos	e or changing i	is registered on	ice of registered agent, or both,	
SIGNATURE:				02/19/2008		
Electronic Signature of Registered Agent					Date	
Election Cam	paign Financing 1	rust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () D WALTER, W. EDV 6903 ROCKLEDG BETHESDA, MD	WARD SE DR, SUITE 1500	Title: Name: Address: City-St-Zip:	HARVEY, LARRY	GE DR, SUITE 1500	
Title: Name: Address: City-St-Zip:	VP () D LARSON, GREGO 6903 ROCKLEDO BETHESDA, MD	ORY J SE DR, SUITE 1500	Title: Name: Address: City-St-Zip:	LARSON, GREG	GE DR, SUITE 1500	
Title: Name: Address: City-St-Zip:	S () D KELSO, WILLIAM 6903 ROCKLEDG BETHESDA, MD	K E DR, SUITE 1500	Title: Name: Address: City-St-Zip:	KELSO, WILLIAN	GE DR, SUITE 1500	
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	CLARK, JEFFRE	GE DR, SUITE 1500	
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	MACNAMARA, BI	GE DR, SUITE 1500	

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: RONALD E CLARKE ASST 02/19/2008