


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J13360</b> 1. Entity Name <b>SCHALAMAR CREEK GOLF CLUB, INC.</b>	
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Principal Place of Business <b>4500 HIGHWAY 92 EAST STE. #1028 LAKE LAND, FL 33801</b>	Mailing Address <b>4500 HIGHWAY 92 EAST STE. #1028 LAKE LAND, FL 33801</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>KNAPP, RANDALL L. 4500 HIGHWAY 92 EAST LAKE LAND, FL 33801</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when transacting) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000090750</b> <b>03/17/04-80031-020 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KNAPP, MERLYN V. 2020 ARIANA BLVD. AUBURNDAL E, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KNAPP, DONALD O. 4500 HIGHWAY 92 EAST LAKE LAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KNAPP, RANDALL L. 4500 HWY. 92 E. LAKE LAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with which I am empowered.

**SIGNATURE:**  **3-12-2004 (863) 665-0185**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #