2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36912

Entity Name: SWF COUNTRY CLUB DEVELOPMENT CORP.

FILED May 02, 2008 Secretary of State

Current Pr	incipal Place o	of Business:	New Princi	New Principal Place of Business:		
10 LIGHT STREET 19TH FLOOR BALTIMORE, MD 21202 US			100 S CHA	C/O BANC OF AMERICA STRATEGIS SOLUTIONS, I 100 S CHARLES ST; 4TH FLOOR BALTIMORE, MD 21201 US		
Current Mailing Address:			New Mailir	New Mailing Address:		
401 N TRY NC1-021-03 CHARLOT		US				
FEI Number:	04-3077986	FEI Number Applied For () F	El Number Not Appli	cable () Certifi	icate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Ro	egistered Agent:	
1200 SOUT	ORATION SYST TH PINE ISLANI ON, FL 33324					
The above in the State		bmits this statement for the purp	ose of changing it	s registered office o	r registered agent, or both,	
SIGNATUR	RE:					
	Electronic	Signature of Registered Agent			Date	
Election Cam	•	2)(b), F.S., the corporation did not red Trust Fund Contribution ().	·		FFICERS AND DIRECTORS:	
OTTIOLIC	AND DIRECT	ono.	ADDITION	MONANCES TO CI	TIOERO AND DIRECTORO.	
Title: Name: Address: City-St-Zip:	PD () C EPSTEIN, HOWA 401 N TRYON ST CHARLOTTE, NC	; NC1-021-02-20	Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title: Name: Address: City-St-Zip:	D () C FUSZARD, JOSP 401 N TRYON ST CHARLOTTE, NC	; NC1-021-02-20	Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title: Name: Address: City-St-Zip:	D () D NASH, PHYLLIS F 401 N TRYON ST CHARLOTTE, NC	; NC1-021-02-20	Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title: Name: Address: City-St-Zip:	T () D BARR, ADRIENNI 401 N TRYON ST CHARLOTTE, NC	; NC1-021-02-20	Title: Name: Address: City-St-Zip:	()Chango	e () Addition	
Title: Name: Address: City-St-Zip:	S () D BOYLE, ALEXANI 401 N TRYON ST CHARLOTTE, NC	; NC1-021-02-20	Title: Name: Address: City-St-Zip:	S (X) Chang WILLIAMS, DOROTHY 401 N TRYON ST; NC1 CHARLOTTE, NC 2829	-021-02-20	
Title: Name: Address: City-St-Zip:	SVP (X) E MROZ, GREG S 401 N TRYON ST CHARLOTTE, NC		Title: Name: Address: City-St-Zip:	() Change	e () Addition	

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: DUANE L SMITH SVP 05/02/2008