


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000007928</b> 1. Entity Name CREEK FARMS HUNT CLUB, INC.	
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Principal Place of Business ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202-5009	Mailing Address ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202-5009
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03282008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  SIMON, BERT C ESQ. 1660 PRUDENTIAL DRIVE SUITE 203 JACKSONVILLE, FL 32207
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000886089  
04/18/08-80042-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVETT, R.D. ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 322025009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SHIELDS, D.R. ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 322025009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERVIN, SYDNEY A III ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 322025009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELLO, JEANNINE ONE INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 322025009
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 exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** Jeannine Mello, Secretary 3/28/08 904-634-8808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #