2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N00000007928

Entity Name: CREEK FARMS HUNT CLUB, INC.

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 322025009

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 322025009

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMON, BERT C ESQ.
1660 PRUDENTIAL DRIVE
SUITE 203
JACKSONVILLE, FL 32207 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOVETT, R.D.
Address: ONE INDEPENDENT DRIVE SUITE 1600
City-St-Zip: JACKSONVILLE, FL 322025009

Title: VPTD ( ) Delete
Name: SHIELDS, D.R.
Address: ONE INDEPENDENT DRIVE SUITE 1600
City-St-Zip: JACKSONVILLE, FL 322025009

Title: D ( ) Delete
Name: GERVIN, SYDNEY A III
Address: ONE INDEPENDENT DRIVE SUITE 1600
City-St-Zip: JACKSONVILLE, FL 322025009

Title: S ( ) Delete
Name: MELLO, JEANNINE
Address: ONE INDEPENDENT DRIVE SUITE 1600
City-St-Zip: JACKSONVILLE, FL 322025009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNINE MELLO S 04/07/2009

Electronic Signature of Signing Officer or Director — Date