2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004369

FILED Apr 16, 2008 Secretary of State

Entity Name: PALMETTO RIDGE TOUCHDOWN CLUB, NC.

Current Principal Place of Business: New Principal Place of Business:

1655 VICTORY LN NAPLES, FL 34120

Current Mailing Address: New Mailing Address:

1655 VICTORY LN NAPLES, FL 34120

FEI Number: 30-0260529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ECKHART, JANET

3885 52ND AVE NE
NAPLES, FL 34120 US

THOMAS, MICHAEL D
660 24TH AVENUE NW
NAPLES, FL 34120 US

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: MICHAEL D THOMAS 04/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: LITKA, PHYLLIS Name: THOMAS, MICHAEL D

 Name:
 Introduction of the control of the

Title: V () Delete Title: () Change () Addition

 Name:
 COLE, DEANNA
 Name:

 Address:
 2681 28TH AVE SE
 Address:

 City-St-Zip:
 NAPLES, FL 34117 US
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change () Addition}$

 Name:
 CLAWSON, TINA M
 Name:
 ANDERSON, VALERIE

 Address:
 315 21ST ST SW
 Address:
 691 21ST STREET SW

 City-St-Zip:
 NAPLES, FL 34117 US
 City-St-Zip:
 NAPLES, FL 34117 US

Title: T () Delete Title: T (X) Change () Addition

 Name:
 ECKHART, JANET
 Name:
 BERGERON, DONNA

 Address:
 3885 52ND AVE NE
 Address:
 2740 2ND AVENUE SE

 City-St-Zip:
 NAPLES, FL 34120
 City-St-Zip:
 NAPLES, FL 34117

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: MICHAEL D THOMAS P 04/16/2008