2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N04000007412

Entity Name: HOTEL CONDOMINIUM AT CHEECA LODGE RESORT ASSOCIATION, INC.

Current Principal Place of Business:

81081 OVERSEAS HWY.
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

PO BOX 14250
JACKSON, WY 83002

New Mailing Address:

FEI Number: 20-1635833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANN & WOLF, LLP
4300 N. UNIVERSITY DR., SUITE C-203
SUNRISE, FL 33351 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: SHOOK, LANGLEY
Address: 2301 N STREET NW # 601
City-St-Zip: WASHINGTON, DC 20037

Title: VP ( ) Delete
Name: FLOYD, MAXSON
Address: 4548 NEWTON NE 6TH AVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: STD ( ) Delete
Name: KANE, JAMES ST
Address: 16 BEACH HILL DRIVE
City-St-Zip: NORTHPORT, NY 11768

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MAXSON, FLOYD
Address: 6797 NE 7TH AVENUE
City-St-Zip: BOCA RATON, FL 33487

Title: VP (X) Change ( ) Addition
Name: DERSH, DAVID A D.M.D
Address: 263 WALNUT STREET
City-St-Zip: WESTFIELD, NJ 07090

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: FLOYD MAXSON PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date