2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

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Entity Name: SPRING CREEK VILLAGE AMENITIES CORPORATION, INC.

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH STREET N., #201
NAPLES, FL 34103

New Principal Place of Business:

C/O INTEGRATED PROPERTY MANAGEMENT
5020 TAMIAMI TR NORTH, STE 206
NAPLES, FL 34103

Current Mailing Address:

C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH STREET N., #201
NAPLES, FL 34103

New Mailing Address:

C/O INTEGRATED PROPERTY MANAGEMENT
5020 TAMIAMI TR NORTH, STE 206
NAPLES, FL 34103

FEI Number: 20-2864705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTEGRATED PROPERTY MGMT, INC.
3435 10TH STREET N
SUITE 201
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

INTEGRATED PROPERTY MGMT, INC.
5020 TAMIAMI TR NORTH
STE 206
NAPLES, FL 34103 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: _____ 04/06/2010
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS
Name: ELLIOTT, ELAINE
Address: 4689 PAGO PAGO LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DP
Name: SPINELLO, VINCE
Address: 24985 WINDWARD BLVD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DT
Name: KELLY, JIM
Address: 4705 LAHAINA LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVP2
Name: BROWN, GARY
Address: 4688 PAGO PAGO LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVP1
Name: PEARSON, PHIL
Address: 4681 PAGO PAGO LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: DUFFY, JUDY
Address: 4704 FIGI LANE
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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 all other like empowered.

SIGNATURE: VINCE SPINELLO DP 04/06/2010
Electronic Signature of Signing Officer or Director — Date