

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# N08000005684

Entity Name: KER SOUTH CLUB, INC.

**Current Principal Place of Business:**

23604 NE 124TH PLACE ROAD  
SALT SPRINGS, FL 32134

**New Principal Place of Business:**

**Current Mailing Address:**

23604 NE 124TH PLACE ROAD  
SALT SPRINGS, FL 32134

**New Mailing Address:**

FEI Number: 06-1838552      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VOGELPOHL, JOHN L  
23604 NE 124TH PLACE ROAD  
SALT SPRINGS, FL 32134      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: VOGELPOHL, JOHN  
Address: 23604 NE 124TH PLACE ROAD  
City-St-Zip: SALT SPRINGS, FL 32134

Title: VD      ( ) Delete  
Name: KING, GEORGE  
Address: 23620 NE 124TH PLACE ROAD  
City-St-Zip: SALT SPRINGS, FL 32134

Title: STD      ( ) Delete  
Name: ROBINSON, DENISE G  
Address: 23685 NE HWY 314  
City-St-Zip: SALT SPRINGS, FL 32134

**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:

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: DENISE G. ROBINSON

STD

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date