2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10879

FILED Mar 03, 2008 Secretary of State

Entity Name: CHULUOTA SPORTSMEN'S CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 1447 WILLINGHAM RD OVIEDO, FL 32765 **Current Mailing Address: New Mailing Address:** PO BOX 620490 OVIEDO, FL 327680490 FEI Number: 59-2647012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WAGONER, ADAM 3008 LITTLÉ CYPRESS COVE WINTER PARK, FL 32792 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition POLLOCK, JEFF POLLOCK, JEFF Name: Name: 561 WELLESLY ST Address: 561 WELLESLY ST Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: (X) Change () Addition WINKLER, DAVID Name: APPEL, ROBERT Name: Address: 1730 SENECA BLVD Address: 13442 OLD DOCK RD City-St-Zip: WINTER SPRINGS, FL 32714 City-St-Zip: ORLANDO, FL 32828 Title: () Delete Title: (X) Change () Addition WINKLER, TAMI DRAYER, GEORGE Name: Name: 1730 SENECA BLVD. Address: Address: 341 BECKETT COURT WINTER SPRINGS, FL 32708 City-St-Zip: City-St-Zip: WINTER PARK, FL 32792 (X) Change () Addition Title: Title: () Delete Name: WAGONER, ADAM C, Name: WAGONER, ADAM 3008 LITTLE CYPRESS COVE Address: 3008 LITTLE CYPRESS COVE Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32792 Title: () Delete Title: () Change () Addition RAWSON, MARK Name: Name: 691 MONROE HARBOUR PLACE Address: Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip: Title: () Delete Title: () Change () Addition COOK DON Name: Name: Address: 311 SPRING VALLEY DR Address: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: 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: DON COOK D 03/03/2008