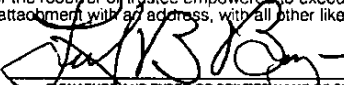


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N14876 1. Entity Name FOXWOOD LAKE ESTATES SOCIAL CLUB, INC.						FILED 06 Jun 05 PM 2:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business % JOSEPH G. HERN, JR. 5300 S FLORIDA AVE P O BOX 5378 LAKELAND, FL 33807-2378				Mailing Address % JOSEPH G. HERN, JR. 5300 S FLORIDA AVE P O BOX 5378 LAKELAND, FL 33807-2378			
2. Principal Place of Business 4848 FOXWOOD BLVD		3. Mailing Address 4848 FOXWOOD BLVD				05242006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc. UNIT 902		Suite, Apt. #, etc. UNIT 902		4. FEI Number 59-2384268		Applied For ☐ Not Applicable	
City & State LAKELAND, FL		City & State LAKELAND FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Zip Country 33810 POLK	
6. Name and Address of Current Registered Agent MARTIN, BERT 5038 FOXWOOD BLVD. LAKELAND, FL 33810		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____					
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ 300076158493 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SARVER, CARL B 4982 DEERWOOD DR. LAKELAND, FL 33810			TITLE NAME STREET ADDRESS CITY-ST-ZIP	863 615 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHACKELTON, LOLA 1546 HEATHER HILL DR. LAKELAND, FL 33810			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, JOYCE 1587 LONGBOW DR. LAKELAND, FL 33810			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS. PATRICIA MANGUM 4989 FOXWOOD LAKE DRIVE LAKELAND, FL 33810 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRYAN, FRANK 1680 FOXWAY DR. LAKELAND, FL 33810			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				FRANK B BRYAN			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				5/26/06		863 859 4323	
Date				Daytime Phone #			