2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N16220

Entity Name: EAST CROOKED LAKE CLUB, INCORPORATED

Current Principal Place of Business:

2451 E CROOKED LAKE CLUB BLVD
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

2451 E CROOKED LAKE CLUB BLVD
EUSTIS, FL 32726 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMBS, WILLIAM
2451 E CROOKED LAKE CLUB BLVD
EUSTIS, FL 32726 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:	LOPEZ, RICHARD	
Address:	2421 E CROOKED LAKE CLUB BLVD	
City-St-Zip:	EUSTIS, FL 32726 US	
Title:	VD	( ) Delete
Name:	TRECEK, JOHN	
Address:	2431 E. CROOKED LAKE CLUB BLVD.	
City-St-Zip:	EUSTIS, FL	
Title:	TD	( ) Delete
Name:	AMBS, WILLIAM	
Address:	2451 E. CROOKED LAKE CLUB BLVD.	
City-St-Zip:	EUSTIS, FL	
Title:	S	( ) Delete
Name:	TRECEK, SUZANNE	
Address:	2431 E. CROOKED LAKE CLUB BLVD.	
City-St-Zip:	EUSTIS, FL	

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:	
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: WILLIAM AMBS TD 04/10/2008

Electronic Signature of Signing Officer or Director — Date