2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33619

City-St-Zip:

JACKSONVILLE, FL 32217

FILED Apr 24, 2009 Secretary of State

Entity Name: THE SPORTSMAN'S LODGE RECREATION AREA ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** PO BOX 848 1133 SPRING STREET WELAKA, FL 32193 WELAKA, FL 32193 **Current Mailing Address: New Mailing Address:** 79 MASTERS DR SAINT AUGUSTINE, FL 32084 FEI Number: 59-2996566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER & POLIAKOFF, P.A. THE NEIGHBORHOOD MANAGERS 79 MASTERS DRIVE C/O C. JOHN CHRISTENSEN, ESQ. 2500 MAITLAND CENTER PKWY., STE.209 ST AUGUSTINE, FL 32084 US MAITLAND, FL 32714 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: JANICE L. HERREN 04/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BARNES, ANNE Name: Name: Address: PO BOX 125 Address: City-St-Zip: HASTINGS, FL 32145 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PIERCE, HARRY Name: Address: 8839 TILNEY CT 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: HARRY PIERCE P 04/24/2009