2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Mar 03, 2009 DOCUMENT# N43890 Secretary of State

Entity Name: EAGLE CREEK GOLF AND COUNTRY CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

11 CYPRESS VIEW DR NAPLES, FL 34113

Current Mailing Address: New Mailing Address:

11 CYPRESS VIEW DR NAPLES, FL 34113

FEI Number: 65-0372357 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:

QUINN, JOHN S 57 GRÉY WING POINTE NAPLES, FL 34113

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:

() Change () Addition

() Delete QUINN, JOHN S Name: Name: 57 GREY WING POINTE Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip:

Title: () Delete Title: DV (X) Change () Addition Name: ASSINI, FREDERICK Name: SEARWAY, SCOTT

Address: 538 EAGLE CREEK DRIVE Address: 45 GREY WING POING City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

Title: DS () Delete Title: (X) Change () Addition BREDESON, BILL

FRICK, ROBERT Name: Name: 798 EAGLE CREEK DRIVE, #204 Address: 444 CRESTWOOD LN Address:

City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

Title: DΡ () Delete Title: DP (X) Change () Addition

Name: LUNDY, DONALD Name: ASSINI, FREDERICK 119 CYPRESS VIEW DR Address: Address: 538 EAGLE CREEK DRIVE City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

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: JOHN S. QUINN DS 03/03/2009