2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N50477

Entity Name: YANKEE LAKE HUNT CLUB, INC.

Current Principal Place of Business:

22602 YONGE RD.
EUSTIS, FL 32736 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 951
SORRENTO, FL 32776 US

New Mailing Address:

FEI Number: 59-3141410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNER, WALTER D
22602 YONGE ROAD
EUSTIS, FL 32736 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: P ( ) Delete
Name: TURNER, WALTER
Address: 22602 YONGE ROAD
City-St-Zip: EUSTIS, FL 32736

Title: VP ( ) Delete
Name: MIXSON, WAYNE
Address: PO BOX 2187
City-St-Zip: APOPKA, FL

Title: D ( ) Delete
Name: TURNER, WALTER
Address: P O BOX 100
City-St-Zip: APOPKA, FL 32704

Title: D ( ) Delete
Name: MCMENNAMY, CLIFTON
Address: 4202 ONDICH RD
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TURNER, WALTER D
Address: 22602 YONGE ROAD
City-St-Zip: EUSTIS, FL 32736

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: TURNER, WALTER D
Address: P O BOX 100
City-St-Zip: APOPKA, FL 32704

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: WALTER D TURNER P 04/29/2008

Electronic Signature of Signing Officer or Director — Date