2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005774

Entity Name: CLUB HOLLAND ORLANDO CORP.

FILED Apr 08, 2004 Secretary of State

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

PO BOX 400 600 DIVINE CIRCLE

NEW SMYRNA BEACH, FL 32170 ORLANDO, FL 32828 81

Current Mailing Address: New Mailing Address:

PO BOX 400 600 DIVINE CIRCLE

NEW SMYRNA BEACH, FL 32170 ORLANDO, FL 32828 81

FEI Number: 04-3480331 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:

EVELINE KRALJIC VAN DER MADE

THOMSIN, JEAN H MR

600 DIVINE CIRCLE

NEW SMYRNA BEACH, FL 32168 ORLANDO, FL 32828 81

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: JEAN H THOMSIN 04/08/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VD
 () Delete
 Title:
 VD
 (X) Change () Addition

 Name:
 THOMSIN, JEAN
 Name:
 VAN DER KUYL-HEUVEL, GRACE

 Address:
 600 DIVINE CIRCLE
 Address:
 2715 PINE SHADOW LANE

 City-St-Zip:
 ORLANDO, FL 32828
 City-St-Zip:
 CLERMONT, FL 34711

Title: TD () Delete Title: TD (X) Change () Addition

Name:KRALJICVANDERMADE, EVELINEName:THOMSIN, JEAN H MRAddress:500 S. RIVERSIDE DR.Address:600 DIVINE CIRCLECity-St-Zip:NEW SMYRNA BEACH, FL 32168City-St-Zip:ORLANDO, FL 32828

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 GROENENDYK, PETER
 Name:
 HEMPENIUS, AUKE

 Address:
 P.O. BOX 430401
 Address:
 316 NORTH PARK AVENUE

 City-St-Zip:
 KISSIMMEE, FL 34743
 City-St-Zip:
 WINTER PARK, FL 32789

Title: () Delete Title: SD () Change (X) Addition

 Name:
 VAN BREEMEN, LOUIS

 Address:
 Address:
 2599 VIA TUSCANY

 City-St-Zip:
 City-St-Zip:
 WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEAN H. THOMSIN TD 04/08/2004