2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004289

FILED Mar 06, 2011 Secretary of State

Entity Name: LAKE MARION GOLF RESORT HOMEOWNERS' ASSOCIATION, INC.

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

390 WEST STATE RD. 434 3601 CYPRESS GARDENS RD.

SUITE 203 SUITE I

LONGWOOD, FL 327504977 US WINTER HAVEN, FL 33884 US

Current Mailing Address: New Mailing Address:

P.O. BOX 197043 3601 CYPRESS GARDENS RD.

WINTER SPRINGS, FL 327197043 US SUITE I

WINTER HAVEN, FL 33884 US

FEI Number: 65-0935607 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:

PALMERSTON, LLC STAMBAUGH, INC.

390 WEST S.R. 434 3601 CYPRESS GARDENS RD. SUITE 203 SUITE I

LONGWOOD, FL 327504977 US WINTER HAVEN, FL 33884 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: STAMBAUGH, INC. 03/06/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

Name: MASSEY, NICKEY
Address: 2113 MYSTIC RING LOOP
City-St-Zip: KISSIMMEE, FL 32759 US

Title: P

Name: EELMAN, BRUCE
Address: 2225 MYSTIC RING LOOP
City-St-Zip: KISSIMMEE, FL 34759 US

Title: S/T

Name: WARD, PAM
Address: 258 GRAND RAPIDS
City-St-Zip: KISSIMMEE, FL 34759

Title: VP

Name: DIVER, STEVE

Address: 2189 MYSTIC RING LOOP City-St-Zip: KISSIMMEE, FL 34759 US

I hereby 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 all other like empowered.

SIGNATURE: BRUCE EELMAN P 03/06/2011