

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90036 042 ***150.00

DOCUMENT # P97000082032		
1. Entity Name CERTIFIED LEISURE PROPERTIES, INC.		

Principal Place of Business 843 SUMTER AVENUE S. GOLDEN VALLEY, MN 55426	Mailing Address 843 SUMTER AVENUE S. GOLDEN VALLEY, MN 55426
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40067333



2. Principal Place of Business - No P.O. Box # 1805 WEST LAKE STREET * Sol	3. Mailing Address 1805 W. Lake STREET * Sol
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04092008 Chg-P CR2E034 (12/06)

City & State Minneapolis MN	City & State Mpls, MN
Zip 55408	Zip 55408
Country Hennepin	Country Hennepin

4. FEI Number 58-2357770	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ELLIOT, KERRI 17406 ELLIE DRIVE FORT MYERS, FL 33912	
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7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Mary Kay Nelson <small>Signature, typed or printed name of registered agent and title if applicable.</small>	MARY KAY Nelson Property Manager 4/10/08 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OMAN, JAMES K 843 SUMTER AVENUE SOUTH GOLDEN VALLEY, MN 55426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Oman, James K 1805 WEST LAKE STREET * Sol Mpls, MN 55408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD OMAN, KAREN L 843 SUMTER AVENUE SOUTH GOLDEN VALLEY, MN 55426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Oman, Karen L 1805 WEST LAKE STREET * Sol Mpls, MN 55408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Mary Kay Nelson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/10/08 952-345-3433 <small>Date Daytime Phone #</small>