

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000082032

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** CERTIFIED LEISURE PROPERTIES, INC.

**Current Principal Place of Business:**

1805 WEST LAKE STREET #501  
MINNEAPOLIS, MN 55408

**New Principal Place of Business:**

**Current Mailing Address:**

1805 WEST LAKE STREET #501  
MINNEAPOLIS, MN 55408

**New Mailing Address:**

**FEI Number:** 58-2357770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELLIOT, KERRI  
17406 ELLIE DRIVE  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

HAGEN, JAMES L  
10181-A SIX MILE CYPRESS PARKWAY  
FORT MYERS, FL 33966 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: JAMES L. HAGEN

01/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OMAN, JAMES K  
Address: 1805 WEST LAKE STREET #501  
City-St-Zip: MINNEAPOLIS, MN 55408

Title: VP  
Name: OMAN, KAREN L  
Address: 1805 WEST LAKE STREET #501  
City-St-Zip: MINNEAPOLIS, MN 55408

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES K OMAN

P

01/25/2011

Electronic Signature of Signing Officer or Director

Date