2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# P98000030670

Entity Name: NORTH COUNTY RESORT COMPANY

Current Principal Place of Business:

1555 PALM BEACH LAKES BLVD. #1100
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

1555 PALM BEACH LAKES BLVD
STE 1100
WEST PALM BEACH, FL 33401

Current Mailing Address:

C/O FLORIDA MANAGEMENT COMPANY
P.O. BOX 3267
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 65-0827255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECCLESTONE, E L
1555 PALM BEACH LAKES BLVD. #1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

ECCLESTONE, E LLWYD
1555 PALM BEACH LAKES BLVD
STE 1100
WEST PALM BEACH, FL 33401 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: E LLWYD ECCLESTONE 04/07/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ECCLESTONE, E L
Address: 1555 PALM BEACH LAKES BLVD. #1100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD ( ) Delete
Name: LEYENDECKER, HELENA
Address: 1555 PALM BCH LAKES BLVD 1100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST ( ) Delete
Name: GAMMON, NANNETTE
Address: 1555 PALM BCH LAKES BLVD 1100
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPC (X) Change ( ) Addition
Name: ECCLESTONE, E LLWYD
Address: 1555 PALM BEACH LAKES BLVD #1100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD (X) Change ( ) Addition
Name: LEYENDECKER, HELENA
Address: 1555 PALM BEACH LAKES BLVD #1100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S (X) Change ( ) Addition
Name: GAMMON, NANNETTE
Address: 1555 PALM BEACH LAKES BLVD #1100
City-St-Zip: WEST PALM BEACH, FL 33401

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

SIGNATURE: NANNETTE GAMMON S 04/07/2009
Electronic Signature of Signing Officer or Director Date