

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000099122

**FILED**  
**Mar 20, 2009**  
**Secretary of State****Entity Name:** RAL RESORT PROPERTY MANAGEMENT, INC.**Current Principal Place of Business:**11595 KELLY RD  
300  
FT. MYERS, FL 33908**New Principal Place of Business:****Current Mailing Address:**11595 KELLY RD  
300  
FT. MYERS, FL 33908**New Mailing Address:****FEI Number:** 59-3609081      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SHAW, JOHN R  
11595 KELLY ROAD  
SUITE 300  
FT. MYERS, FL 33908 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DP      ( ) Delete  
**Name:** SHAW, JOHN R  
**Address:** 15380 THORNTON RD.  
**City-St-Zip:** FT MYERS, FL 33908 US**Title:** VD      ( ) Delete  
**Name:** LOTT, FARRELL G  
**Address:** 12348 SUMMERWOOD DRIVE  
**City-St-Zip:** FORT MYERS, FL 33908 US**Title:** SEC      ( ) Delete  
**Name:** SHAW, DEBRA G  
**Address:** 15380 THORNTON RD  
**City-St-Zip:** FORT MYERS, FL 33908 US**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D      ( ) Change (X) Addition  
**Name:** HAGAR, MAGDELAINE E  
**Address:** 3428 SE 5TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33904

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: JOHN R SHAW

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date