

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt;">2009</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan THE SAILFISH POINT 401K PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SAILFISH POINT PROPERTY OWNERS AND COUNTRY CLUB ASSOC. INC. 2201 SE SAILFISH POINT BLVD. STUART, FL 34996	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	01/01/1995	
	2b Employer Identification Number (EIN)	59-2038799	
	2c Sponsor's telephone number	772-225-1003	
	2d Business code (see instructions)	713900	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	EDWARD EWING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

SAILFISH POINT PROPERTY OWNERS AND COUNTRY CLUB ASSOC. INC.

2201 SE SAILFISH POINT BLVD.
STUART, FL 34996**3b** Administrator's EIN

59-2038799

3c Administrator's telephone number

772-225-1003

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

141

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

118

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

13

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

131

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

131

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

69

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 2K 2T 2F 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☒**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan THE SAILFISH POINT 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. SAILFISH POINT PROPERTY OWNERS AND COUNTRY CLUB ASSOC. INC.		
		D Employer Identification Number (EIN) 59-2038799

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	998079-000	69	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
6372	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MICHAEL D DADKO 1000 HARBOR BLVD ATTN ED CASE WEEHAWKEN, NJ 07087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6372			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1301113
5 Current value of plan's interest under this contract in separate accounts at year end	5	1501785

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE

b Balance at the end of the previous year	7b	1224720
c Additions: (1) Contributions deposited during the year	7c(1)	293697
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	41069
(4) Transferred from separate account	7c(4)	90631
(5) Other (specify below)..... ▶ LOAN REPAYMENT MISC. DEPOSIT	7c(5)	6350
(6) Total additions	7c(6)	431747
d Total of balance and additions (add b and c(6)).	7d	1656467
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	137261
(2) Administration charge made by carrier	7e(2)	6970
(3) Transferred to separate account	7e(3)	172112
(4) Other (specify below)..... ▶ EXCESS CONTRIB. REFUND LOAN REQUEST MISCELLANEOUS	7e(4)	39011
(5) Total deductions	7e(5)	355354
f Balance at the end of the current year (subtract e(5) from d)	7f	1301113

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan THE SAILFISH POINT 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SAILFISH POINT PROPERTY OWNERS AND COUNTRY CLUB ASSOC. INC.	D Employer Identification Number (EIN) 59-2038799	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA LIFE INSURANCE COMPANY
39-0989781

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	13031	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>THE SAILFISH POINT 401K PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SAILFISH POINT PROPERTY OWNERS AND COUNTRY CLUB ASSOC. INC.</u>	D Employer Identification Number (EIN) <u>59-2038799</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA BALANCED</u>			
b Name of sponsor of entity listed in (a): <u>TLIC</u>			
c EIN-PN <u>39-0989781-119</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70806</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES BND</u>			
b Name of sponsor of entity listed in (a): <u>TLIC</u>			
c EIN-PN <u>39-0989781-150</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62794</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN GOVERNMENT SECURITIES</u>			
b Name of sponsor of entity listed in (a): <u>TLIC</u>			
c EIN-PN <u>39-0989781-158</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6771</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AIM TECHNOLOGY</u>			
b Name of sponsor of entity listed in (a): <u>TLIC</u>			
c EIN-PN <u>39-0989781-207</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN BIOTECHNOLOGY DISC</u>			
b Name of sponsor of entity listed in (a): <u>TLIC</u>			
c EIN-PN <u>39-0989781-440</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>985</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN REAL ESTATE SEC</u>			
b Name of sponsor of entity listed in (a): <u>TLIC</u>			
c EIN-PN <u>39-0989781-441</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>117</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY ADVISOR SMALL CAP</u>			
b Name of sponsor of entity listed in (a): <u>TLIC</u>			
c EIN-PN <u>39-0989781-445</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14527</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUS INTERNATIONAL VALUE**b** Name of sponsor of entity listed in (a): TLIC

c EIN-PN 39-0989781-446	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48152
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STK IDX**b** Name of sponsor of entity listed in (a): TLIC

c EIN-PN 39-0989781-003	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84084
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTL INV**b** Name of sponsor of entity listed in (a): TLIC

c EIN-PN 39-0989781-009	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 305249
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GRTH FUND OF AM**b** Name of sponsor of entity listed in (a): TLIC

c EIN-PN 39-0989781-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160436
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADV SMALL CAP VAL**b** Name of sponsor of entity listed in (a): TLIC

c EIN-PN 39-0989781-021	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63035
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA SMALL-CAP INDEX**b** Name of sponsor of entity listed in (a): TLIC

c EIN-PN 39-0989781-033	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16310
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTERNATIONAL STOCK IND**b** Name of sponsor of entity listed in (a): TLIC

c EIN-PN 39-0989781-035	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49872
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MID-CAP INDEX**b** Name of sponsor of entity listed in (a): TLIC

c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13228
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA BOND INDEX**b** Name of sponsor of entity listed in (a): TLIC

c EIN-PN 39-0989781-037	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57789
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035**b** Name of sponsor of entity listed in (a): TLIC

c EIN-PN 39-0989781-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28314
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2045****b** Name of sponsor of entity listed in (a): **TLIC**

c EIN-PN 39-0989781-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NEUBERGER BERMAN PARTNERS****b** Name of sponsor of entity listed in (a): **TLIC**

c EIN-PN 39-0989781-044	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36906
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2005****b** Name of sponsor of entity listed in (a): **TLIC**

c EIN-PN 39-0989781-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11187
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2015****b** Name of sponsor of entity listed in (a): **TLIC**

c EIN-PN 39-0989781-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32975
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2025****b** Name of sponsor of entity listed in (a): **TLIC**

c EIN-PN 39-0989781-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43245
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRANSAMERICA AA - CONSERVATIVE****b** Name of sponsor of entity listed in (a): **TLIC**

c EIN-PN 39-0989781-052	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73646
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRANSAMERICA AA - MODERATE****b** Name of sponsor of entity listed in (a): **TLIC**

c EIN-PN 39-0989781-053	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46143
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRANSAMERICA AA - MOD GROWTH****b** Name of sponsor of entity listed in (a): **TLIC**

c EIN-PN 39-0989781-054	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54694
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRANSAMERICA AA - GROWTH****b** Name of sponsor of entity listed in (a): **TLIC**

c EIN-PN 39-0989781-055	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43520
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DREYFUS STRUCTURED MIDCAP****b** Name of sponsor of entity listed in (a): **TLIC**

c EIN-PN 39-0989781-057	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47026
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a Name of MTIA, CCT, PSA, or 103-12 IE: **OPPENHEIMER GLOBAL****b** Name of sponsor of entity listed in (a): **TLIC****c** EIN-PN **39-0989781-216****d** Entity
code **P****e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**129834****a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan THE SAILFISH POINT 401K PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SAILFISH POINT PROPERTY OWNERS AND COUNTRY CLUB ASSOC. INC.	D Employer Identification Number (EIN) 59-2038799

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	69284	82949
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	1109860	1501785
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1224720	1301113
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2403864	2885847

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	21591	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	21591	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2382273	2885847
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	89895	
(B) Participants	2a(1)(B)	374135	
(C) Others (including rollovers)	2a(1)(C)	8354	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		472384

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4567	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4567

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		333474
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		41110
d Total income. Add all income amounts in column (b) and enter total.....	2d		851535

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	316550	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		316550
f Corrective distributions (see instructions)	2f		17030
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	1550	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	12831	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		14381
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		347961

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		503574
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MCGLADREY & PULLEN, LLP

(2) EIN: 42-0714325

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	☒		235080
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>THE SAILFISH POINT 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SAILFISH POINT PROPERTY OWNERS AND COUNTRY CLUB ASSOC. INC.</u>	D Employer Identification Number (EIN) <u>59-2038799</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-6362604</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

The Sailfish Point 401(k) Plan

Financial Report
12.31.2009

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Independent Auditor's Report

To the Plan Administrator and Participants
The Sailfish Point 401(k) Plan
Stuart, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of The Sailfish Point 401(k) Plan (the "Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedules of delinquent participant contributions for the year ended December 31, 2009, and assets as of December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified or provided by Transamerica Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the custodian regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the custodian as of and for the year ended December 31, 2009, and as of December 31, 2008.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey & Pullen, LLP

West Palm Beach, Florida
October 14, 2010

The Sailfish Point 401(k) Plan

**Statements of Net Assets Available for Benefits
December 31, 2009 and 2008**

	2009	2008
Assets:		
Investments, at fair value (Notes 3, 4 and 5):		
Insurance company general account	\$ 1,301,113	\$ 1,224,720
Insurance company pooled separate accounts	1,501,785	1,109,860
Participant loans	82,949	69,284
Total investments	2,885,847	2,403,864
Receivables:		
Participants' contributions	11,800	-
Employer's contribution	3,637	-
Total receivables	15,437	-
Total assets	2,901,284	2,403,864
Liabilities:		
Excess contributions payable	27,916	21,591
Net assets available for benefits	\$ 2,873,368	\$ 2,382,273

See Notes to Financial Statements.

The Sailfish Point 401(k) Plan

**Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009**

Investment results (Note 3):	
Net appreciation in fair value of investments	\$ 333,474
Interest income	45,677
Total investment income	379,151
Contributions:	
Participants	343,465
Employer	86,495
Rollovers	8,354
Total contributions	438,314
Deductions:	
Benefits paid to participants	311,989
Administrative fees (Note 9)	14,381
Total deductions	326,370
Net increase	491,095
Net assets available for benefits:	
Beginning of year	2,382,273
End of year	\$ 2,873,368

See Notes to Financial Statements.

The Sailfish Point 401(k) Plan

Notes to Financial Statements

Note 1. Description of Plan

The following description of The Sailfish Point 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan, which was established effective January 1, 1995, is a defined contribution plan that qualifies under Section 401(k) of the Internal Revenue Code (the "Code") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Effective January 1, 2009, the Plan includes substantially all employees of Sailfish Point Property Owner's & Country Club Association, Inc. (the "Company") who have completed 9 consecutive months of service, except non-resident aliens and those covered by a collective bargaining agreement. Prior to January 1, 2009, the nine months of service was not required to be consecutive. The Plan is administered by the Company. The Plan's custodian is Transamerica Life Insurance Company ("Transamerica").

Contributions: For each plan year, participants may contribute from 1% up to 90% of gross wages, as defined in the Plan, subject to certain Internal Revenue Code ("Code") limitations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The Code limitation for contributions and catch-up contributions in 2009 was \$16,500 and \$5,500, respectively. Participants may also contribute amounts representing distributions from other qualified defined contribution plans. The Company matches 25% of each participant's salary deferral contribution, as defined in the Plan document.

For each plan year, the Company may also make discretionary profit sharing contributions. Participants must be employed at the end of the year or must have completed 500 hours of service during the plan year to be eligible to receive the discretionary profit sharing contribution. For the year ended December 31, 2009, there were no discretionary profit sharing contributions.

Participant accounts: Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and Plan earnings. Each participant's account is charged with allocations of administrative expenses and Plan losses. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments: Upon enrollment in the Plan, a participant may direct contributions into the insurance company general account and any of 27 pooled separate accounts at Transamerica. Participants may change their investment options at any time via the telephone or Internet.

Vesting: Participants are immediately vested in all salary deferral contributions, Company matching contributions, and discretionary profit sharing contributions, plus earnings thereon.

The Sailfish Point 401(k) Plan

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Payment of benefits: At termination of service for any reason, the participant or beneficiary may elect to receive an amount equal to the value of the participant's vested interest in his or her account as a lump-sum distribution. In the event that the participant's vested accrued benefit is less than \$5,000, the Plan Administrator may make a single lump-sum payment without the election or request of a terminated participant. The Plan requires that such distributions of amounts less than \$5,000 but greater than \$1,000 be rolled over to an individual retirement account unless the participant elects to receive the distribution directly.

Participant loans: Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from 1 – 5 years or may be longer for the purchase of a primary residence. The loans bear interest at fixed rates that range from 4.25% to 9.25% as of December 31, 2009, which are commensurate with local prevailing rates at the date of each loan as determined by the Plan Administrator. Principal and interest are paid ratably through regular payroll deductions. A participant may elect to repay their loan at any time without penalty. Upon repayment, both the principal and interest will be reinvested in the participant's account.

Administrative expenses: Certain administrative expenses are paid by the Plan.

Note 2. Summary of Significant Accounting Policies

Basis of presentation: The financial statements of the Plan are prepared using the accrual method of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Fair value approximates contract value as of December 31, 2009 and 2008.

Use of estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is reported when earned. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits: Benefits are recorded when paid.

Recent accounting pronouncements: The Financial Accounting Standards Board ("FASB") issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance during the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements.

The Sailfish Point 401(k) Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

In April 2009, the FASB issued additional guidance on the disclosure requirements of fair value measurements including defining major categories of debt and equity securities. The Plan adopted the enhanced disclosure requirements of this guidance during the year ended December 31, 2009. The adoption of this guidance did not have a material impact to the Plan's financial statements.

In May 2009, the FASB issued Statement of Financial Accounting Standards No. 165, *Subsequent Events* ("SFAS 165"). SFAS 165 establishes authoritative accounting and disclosure guidance for recognized and non-recognized subsequent events that occur after the statement of net assets available for benefits date but before financial statements are issued. SFAS 165 also requires disclosure of the date through which an entity has evaluated subsequent events and the basis for that date. SFAS 165 was effective for annual periods ending after June 15, 2009, and should be applied prospectively. The adoption of SFAS 165 had no financial impact on the accompanying financial statements. Management of the Plan has evaluated subsequent events through October 14, 2010, which is the date the financial statements were available to be issued.

In June 2009, the FASB issued guidance on the Accounting Standards Codification and the hierarchy of generally accepted accounting principles (issued as SFAS No. 168, *The FASB Accounting Standards Codification and the Hierarchy of GAAP – a replacement of FASB Statement No. 162*) which established the FASB Accounting Standards Codification ("Codification" or "ASC") as the single source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with GAAP. The Codification superseded all existing non-SEC accounting and reporting standards upon its effective date and subsequently, the FASB will not issue new standards in the form of Statements, FASB Staff Positions or Emerging Issues Task Force Abstracts. This guidance also replaces the prior guidance regarding the GAAP hierarchy, given that once in effect, all guidance within the Codification will carry the same level of authority. The Codification is effective for financial statements issued for interim and annual periods ending after September 15, 2009. The Plan adopted the guidance effective with the issuance of the accompanying financial statements. As the guidance is limited to disclosure in the financial statements and the manner in which the Plan refers to GAAP authoritative literature, there was no material impact on the Plan's financial statements.

In September 2009, the FASB issued Accounting Standards Update ("ASU") No. 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* ("ASU 2009-12"), which amends the Fair Value Measurements and Disclosures Topic of FASB ASC to permit the use of net asset value per share, without further adjustment, to estimate the fair value of investments in investment companies that do not have readily determinable fair values. The net asset value per share must be calculated in a manner consistent with the measurement principles of the Financial Services - Investment Companies Topic of the FASB ASC and can be used by investors in investments such as hedge funds, private equity funds, venture capital funds and real estate funds. If it is probable the investment will be sold for an amount other than net asset value, the investor would be required to estimate the fair value of the investment considering all of the rights and obligations of the investment and any other market available data. In addition, the amendments require enhanced disclosure for the investments within the scope of this accounting update. The accounting guidance in ASU 2009-12 is effective for periods ending after December 15, 2009. The Plan adopted these amendments as of December 31, 2009. The adoption did not have a material impact on the Plan's net assets or changes therein.

The Sailfish Point 401(k) Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

In January 2010, the FASB issued ASU No. 2010-06, *Improving Disclosures about Fair Value Measurements* ("ASU 2010-06"), which primarily requires new disclosures related to the levels within the fair value hierarchy. An entity will be required to disclose significant transfers in and out of Levels 1 and 2 of the fair value hierarchy, and separately present information related to purchases, sales, issuances and settlements in the reconciliation of fair value measurements classified as Level 3. In addition, ASU 2010-06 will amend the fair value disclosure requirement for pension and postretirement benefit plan assets to require this disclosure at the investment class level. ASU 2010-06 will be effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures related to purchases, sales, issuances and settlements for Level 3 fair value measurements, which are effective for reporting periods beginning after December 15, 2010. The new guidance is not expected to materially impact the Plan's current fair value disclosures.

In September 2010, the FASB issued Accounting Standards Update No. 2010-25, *Plan Accounting—Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*, which reclassifies participant loans from investments to notes receivable, measured at the unpaid principal balance plus any accrued but unpaid interest. The amendments in this update should be applied retrospectively to all prior periods presented, effective for fiscal years ending after December 15, 2010. The Plan Administrator does not believe this update will have a material impact on the Plan's financial statements.

Note 3. Investment Information Certified or Provided by Custodian

The following is a summary of the investment information as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by Transamerica, the custodian under the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following investments and investment activity is complete and accurate based on the records maintained by the custodian. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rule and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to this information, except for comparing such certified information to information included in the Plan's financial statements and supplemental schedules.

The following table presents the investments held by the Plan that were certified by Transamerica as of December 31, 2009 and 2008. Investments that represent 5% or more of the Plan's net assets are separately identified:

	2009	2008
Insurance company general account, at estimated fair value:		
Transamerica Stable Value Fund	\$ 1,301,113	\$ 1,224,720
Pooled separate accounts, at fair value as quoted by Transamerica:		
American Funds Fundamental Investors	305,249	244,524
American Funds Growth Fund of America	160,436	129,830
Other	1,036,100	735,506
Participant loans, at estimated fair value	82,949	69,284
	<u>\$ 2,885,847</u>	<u>\$ 2,403,864</u>

The Sailfish Point 401(k) Plan

Notes to Financial Statements

Note 3. Investment Information Certified or Provided by Custodian (Continued)

Transamerica also certified to the completeness and accuracy of \$333,474 of net appreciation in fair value of pooled separate accounts and \$45,677 of interest income related to the aforementioned investments for the year ended December 31, 2009.

Note 4. Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below.

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The assets or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There were no changes to methodologies used at December 31, 2009 and 2008. Units of insurance company pooled separate accounts are valued based on the net asset value of the underlying investments as reported by the insurance company. The insurance company general account is valued by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. Participant loans are valued at amortized cost, which approximates fair value.

The Sailfish Point 401(k) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level and major category, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2009 and 2008:

December 31, 2009				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts of Transamerica:				
Income funds	\$ -	\$ 127,354	\$ -	\$ 127,354
Growth funds	-	362,178	-	362,178
Blend funds	-	964,101	-	964,101
Value funds	-	48,152	-	48,152
Insurance company general account	-	1,301,113	-	1,301,113
Participant loans	-	-	82,949	82,949
Total assets at fair value	\$ -	\$ 2,802,898	\$ 82,949	\$ 2,885,847

December 31, 2008				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts of Transamerica:				
Income funds	\$ -	\$ 214,043	\$ -	\$ 214,043
Growth funds	-	196,140	-	196,140
Blend funds	-	672,645	-	672,645
Value funds	-	27,032	-	27,032
Insurance company general account	-	1,224,720	-	1,224,720
Participant loans	-	-	69,284	69,284
Total assets at fair value	\$ -	\$ 2,334,580	\$ 69,284	\$ 2,403,864

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

	Participant Loans
Balance, beginning of year	\$ 69,284
Gains/(losses)	-
Purchases, sales, issuances and settlements (net)	13,665
Balance, end of year	\$ 82,949

The Sailfish Point 401(k) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share as of December 31, 2009:

	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period	Redemption Restriction
Pooled separate accounts:					
Income funds (a)	\$ 127,354	\$ -	Semi-monthly	None	None
Growth funds (b)	362,178	-	Semi-monthly	None	None
Blend funds (c)	964,101	-	Semi-monthly	None	None
Value funds (d)	48,152	-	Semi-monthly	None	None
	<u>\$ 1,501,785</u>	<u>\$ -</u>			

- (a) These funds primarily seek to maximize current income and total return. Investments are made in U.S. government, foreign government, and fixed income securities.
- (b) These funds seek long-term growth of capital, seeking investments whose price will continue to increase over several years. Funds are typically invested in equity securities in both domestic and international companies.
- (c) These funds seek conservation of capital and current income and long-term growth of capital and income. These funds invest in a broad range of securities including stocks and bonds and securities issued by the U.S. government.
- (d) These funds seek long-term total return and growth, typically invested in common and preferred stocks of companies both domestic and foreign.

Participants who take redemptions from individual funds are not allowed to transfer back into those funds until the semi-monthly period has expired. New contributions are allowed during this time period.

Note 5. Investment Contract with Insurance Company

The Plan has a stable value fund with Transamerica. Transamerica maintains the contributions in a general account. Deposits into this account are guaranteed at the contract minimum rate of return. The accounts are credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Transamerica. The contract is fully benefit-responsive and therefore contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Stable Value Fund. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expense. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The Sailfish Point 401(k) Plan

Notes to Financial Statements

Note 5. Investment Contract with Insurance Company (Continued)

The average yield earned and the interest rate credited to participants on the stable value fund for the years ended December 31, 2009 and 2008 was 3.16% and 3.87%, respectively. The minimum contract rates for contributions to this account at December 31, 2009 and 2008 was 2.75% and 3.50%, respectively.

Note 6. Tax Status

Effective November 1, 2006, the Plan adopted a standardized form of a prototype plan sponsored by Transamerica. The prototype plan has received an opinion letter, dated May 30, 2008, from the Internal Revenue Service ("IRS") as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provision of the Internal Revenue Code.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit and market risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 9. Related Party Transactions

Plan investments are held by Transamerica. Transamerica is the custodian as defined by the Plan and, therefore, transactions with Transamerica qualify as party-in-interest transactions. Fees paid by the Plan to Transamerica for investment and other services amounted to \$14,381 for the year ended December 31, 2009.

Note 10. Prohibited Transactions

During 2009 and 2008, the Plan Sponsor inadvertently failed to deposit \$38,238 and \$196,842, respectively, of participant deferrals within the required time frame as stated by the United States Department of Labor ("DOL"). The DOL considers late deposits to be prohibited transactions. The Plan Sponsor will file Form 5330 and pay applicable excise tax of 10% on lost earnings of \$785 related to these deposits in 2010. The excise tax payments will be made from the Plan Sponsor's assets and not from assets of the Plan.

The Sailfish Point 401(k) Plan

Notes to Financial Statements

Note 11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to the net assets per Form 5500 as of December 31, 2009 and 2008:

	2009	2008
Net assets available for benefits per the financial statements	\$ 2,873,368	\$ 2,382,273
Employer's contribution receivable	(3,637)	-
Participants' contributions receivable	(11,800)	-
Excess contributions payable	27,916	-
Net assets per Form 5500	\$ 2,885,847	\$ 2,382,273

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the net income per Form 5500 for the year ended December 31, 2009:

Net increase in net assets available for benefits per the financial statements	\$ 491,095
Employer's contribution receivable	(3,637)
Participants' contributions receivable	(11,800)
Excess contributions	27,916
Net income per Form 5500	\$ 503,574

Note 12. Subsequent Event

Effective September 21, 2010, the Plan changed its recordkeeper and custodian to ADP Retirement Services and State Street Bank, respectively.

The Sailfish Point 401(k) Plan

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
Year Ended December 31, 2009

Participant contributions transferred late to Plan	Total that constitute prohibited nonexempt transactions			
Check here if late participant loan repayments are included	Contributions not corrected	Contributions corrected outside of VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
√	\$ 235,080	\$ -	\$ -	\$ -

Participant contributions were remitted untimely during the years ended December 31, 2009 and 2008. Lost earnings will be remitted during 2010. Form 5330 will be filed with the applicable excise taxes. Lost earnings and the applicable excise taxes will be paid for by the Plan Sponsor.

The Sailfish Point 401(k) Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2009

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current value
		Insurance Company General Account:		
*	Transamerica Life Insurance Company	Transamerica Stable Value Fund	**	\$ 1,301,113
		Pooled Separate Accounts:		
*	Transamerica Life Insurance Company	Transamerica Balanced	**	70,806
*	Transamerica Life Insurance Company	Loomis Sayles Bond	**	62,794
*	Transamerica Life Insurance Company	JPMorgan Government Securities	**	6,771
*	Transamerica Life Insurance Company	Oppenheimer Global	**	129,834
*	Transamerica Life Insurance Company	Franklin Biotechnology Discovery	**	985
*	Transamerica Life Insurance Company	Franklin Real Estate Securities	**	117
*	Transamerica Life Insurance Company	Fidelity Advisor Small Cap	**	14,527
*	Transamerica Life Insurance Company	Dreyfus International Value	**	48,152
*	Transamerica Life Insurance Company	Transamerica Partners Stock Index	**	84,084
*	Transamerica Life Insurance Company	American Funds Fundamental Investors	**	305,249
*	Transamerica Life Insurance Company	American Funds Growth Fund of America	**	160,436
*	Transamerica Life Insurance Company	Wells Fargo Advisor Small Cap Value	**	63,035
*	Transamerica Life Insurance Company	SSgA Small-Cap Index	**	16,310
*	Transamerica Life Insurance Company	SSgA International Stock Index	**	49,872
*	Transamerica Life Insurance Company	SSgA Mid-Cap Index	**	13,228
*	Transamerica Life Insurance Company	SSgA Bond Index	**	57,789
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2035	**	28,314
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2045	**	141
*	Transamerica Life Insurance Company	Neuberger Berman Partners	**	36,906
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2005	**	11,186
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2015	**	32,975
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2025	**	43,245
*	Transamerica Life Insurance Company	Transamerica AA – Conservative	**	73,646
*	Transamerica Life Insurance Company	Transamerica AA – Moderate	**	46,143
*	Transamerica Life Insurance Company	Transamerica AA – Moderate Growth	**	54,694
*	Transamerica Life Insurance Company	Transamerica AA – Growth	**	43,520
*	Transamerica Life Insurance Company	Dreyfus Premier Structured Midcap Fund	**	47,026
		Participant loans (Interest rates ranging from 4.25% to 9.25%, maturing through 2012)	**	82,949
				<u>\$ 2,885,847</u>

*Indicates a party-in-interest, as defined by ERISA.

** Cost information is not required for participant directed investments

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name THE SAILFISH POINT 401k PLAN **EIN:** 59-2038799
Plan Sponsor's Name SAILFISH POINT PROPERTY OWNERS AND COUNTRY CLUB ASSOC. INC.

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INS. CO.	TRANSAMERICA BALANCED PSA	0	70,806
*	TRANSAMERICA LIFE INS. CO.	LOOMIS SAYLES BOND PSA	0	62,794
*	TRANSAMERICA LIFE INS. CO.	JPMORGAN GOVERNMENT SECURITIES PSA	0	6,771
*	TRANSAMERICA LIFE INS. CO.	OPPENHEIMER GLOBAL PSA	0	129,834
*	TRANSAMERICA LIFE INS. CO.	AIM TECHNOLOGY PSA	0	0
*	TRANSAMERICA LIFE INS. CO.	FRANKLIN BIOTECHNOLOGY DISC PSA	0	985
*	TRANSAMERICA LIFE INS. CO.	FRANKLIN REAL ESTATE SECURITIES PSA	0	117

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name THE SAILFISH POINT 401k PLAN

EIN: 59-2038799

Plan Sponsor's Name SAILFISH POINT PROPERTY OWNERS & COUNTRY CLUB ASPNC, INC. IN0001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INS. CO.	FIDELITY ADVISOR SMALL CAP PSA	0	14,527
*	TRANSAMERICA LIFE INS. CO.	DREYFUS INTERNATIONAL VALUE PSA	0	48,152
*	TRANSAMERICA LIFE INS. CO.	TRANSAMERICA STABLE VALUE GENERAL ACCOUNT	0	1,301,113
*	TRANSAMERICA LIFE INS. CO.	TRANSAMERICA PARTNERS STOCK INDEX PSA	0	84,084
*	TRANSAMERICA LIFE INS. CO.	AMERICAN FUNDS FUNDAMENTL INV PSA	0	305,249
*	TRANSAMERICA LIFE INS. CO.	AMERICAN FUNDS GRTH FUND OF AM PSA	0	160,436
*	TRANSAMERICA LIFE INS. CO.	WELLS FARGO ADV SMALL CAP VAL PSA	0	63,035

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name THE SAILFISH POINT 401k PLAN

EIN: 59-2038799

Plan Sponsor's Name SAILFISH POINT PROPERTY OWNERS & COUNTRY CLUB ASPAC, INC. IN0001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INS. CO.	SSGA SMALL-CAP INDEX PSA	0	16,310
*	TRANSAMERICA LIFE INS. CO.	SSGA INTERNATIONAL STOCK IND PSA	0	49,872
*	TRANSAMERICA LIFE INS. CO.	SSGA MID-CAP INDEX PSA	0	13,228
*	TRANSAMERICA LIFE INS. CO.	SSGA BOND INDEX PSA	0	57,789
*	TRANSAMERICA LIFE INS. CO.	VANGUARD TARGET RET 2035 PSA	0	28,314
*	TRANSAMERICA LIFE INS. CO.	VANGUARD TARGET RET 2045 PSA	0	141
*	TRANSAMERICA LIFE INS. CO.	NEUBERGER BERMAN PARTNERS PSA	0	36,906

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name THE SAILFISH POINT 401k PLAN

EIN: 59-2038799

Plan Sponsor's Name SAILFISH POINT PROPERTY OWNERS & COUNTRY CLUB ASPNC, INC. IN0001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INS. CO.	VANGUARD TARGET RET 2005 PSA	0	11,187
*	TRANSAMERICA LIFE INS. CO.	VANGUARD TARGET RET 2015 PSA	0	32,975
*	TRANSAMERICA LIFE INS. CO.	VANGUARD TARGET RET 2025 PSA	0	43,245
*	TRANSAMERICA LIFE INS. CO.	TRANSAMERICA AA - CONSERVATIVE PSA	0	73,646
*	TRANSAMERICA LIFE INS. CO.	TRANSAMERICA AA - MODERATE PSA	0	46,143
*	TRANSAMERICA LIFE INS. CO.	TRANSAMERICA AA - MOD GROWTH PSA	0	54,694
*	TRANSAMERICA LIFE INS. CO.	TRANSAMERICA AA - GROWTH PSA	0	43,520

Plan Name	THE SAILFISH POINT 401K PLAN	EIN:	59-2038799
Plan Sponsor's Name	SAILFISH POINT PROPERTY OWNERS AND COUNTRY CLUB	PN SOC. ID:	1001

[illegible]

Attachment to 2009 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name THE SAILFISH POINT 401k PLAN **EIN:** 59-2038799
Plan Sponsor's Name SAILFISH POINT PROPERTY OWNERS AND COUNTRY CLUB ASSOC. INC.

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☒	235,080			