

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000624

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: PARKLAND GOLF & COUNTRY CLUB FOUNDATION, INC.

**Current Principal Place of Business:**

11784 W. SAMPLE ROAD  
# 103  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

11784 W. SAMPLE ROAD  
# 103  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

FEI Number: 02-0676323      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HASTINGS, VIVIEN N WCI  
24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134 US

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

HASTINGS, VIVIEN N  
24301 WALDEN CENTER DRIVE  
#300  
BONITA SPRINGS, FL 34134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VIVIEN N HASTINGS

04/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: SMJETANA, MARK  
Address: 8106 NW 111 TERRACE  
City-St-Zip: PARKLAND, FL 33076 US

Title: DP ( ) Delete  
Name: LACALLE, MARGARET  
Address: 12131 NW 73 STREET  
City-St-Zip: PARKLAND, FL 33076 US

Title: SD ( ) Delete  
Name: GALLOWAY, VALARIE  
Address: 5957 NW 47 WAY  
City-St-Zip: COCONUT CREEK, FL 33073 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PARATORE, LOU  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: VPD (X) Change ( ) Addition  
Name: D'ALESSANDRO, ED  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: TDSD (X) Change ( ) Addition  
Name: WILSON, STEVE  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU PALMER

AGT

04/22/2009

Electronic Signature of Signing Officer or Director

Date