

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 18 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N04000010249</b> 1. Entity Name WINDERMERE COUNTRY CLUB FOUNDATION, INC.	
--	--

Principal Place of Business 2710 BUTLER BAY DRIVE NORTH WINDERMERE, FL 34786	Mailing Address 2710 BUTLER BAY DRIVE NORTH WINDERMERE, FL 34786
--	--



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11132006 REIN-NP CR2E099 (11/05)

City & State	City & State
Zip	Country

4. FEI Number <b>14-1908881</b>	Applied For Not Applicable
------------------------------------	-------------------------------

6. Name and Address of Current Registered Agent  <b>GUSTAFSON, JOE</b> 13559 BANANA BAY DRIVE WINTER GARDEN, FL 34787	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
---	---

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2007, Fee will be \$297.50		Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DC GUSTAFSON, JOE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13559 BANANA BAY DRIVE	STREET ADDRESS	<b>000082583600</b>
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP	12/18/06--01005--008 **236.25
TITLE	<del>DVC</del> <del>GARDNER, JOHN L</del> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<del>6124 CHESTNUT LANE</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>ORLANDO, FL 32819</del>	CITY-ST-ZIP	
TITLE	VICE CHAIRPERSON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1200 17TH TOWER	STREET ADDRESS	
CITY-ST-ZIP	1814 LAKE ROBERTS COURT WINDERMERE FL 34789	CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3600 17TH	STREET ADDRESS	
CITY-ST-ZIP	132 CALLIOPE STREET OLDFEE FL 34761	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Gustafson J. GUSTAFSON 12/12/06 907-654-9004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/18/06