2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703538

Entity Name: HAVANA GOLF AND COUNTRY CLUB, INC.

Current Principal Place of Business:

110 COUNTRY CLUB DRIVE HAVANA, FL 32333

Current Mailing Address:

PO BOX 832 HAVANA, FL 32333 US

FEI Number: 59-0974985

Name and Address of Current Registered Agent:

ASHMORE, DAVID 110 COUNTRY CLUB DRIVE HAVANA, FL 32333 US

Date

Certificate of Status Desired: No

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

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

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Title	DIRECTOR	Title	Т
Name	COGGINS, JIMMY	Name	ASHMORE, DAVID
Address	7056 BLUEBERRY HILL	Address	110 COUNTRY CLUB DR
City-State-Zip:	TALLAHASSEE FL 32303	City-State-Zip:	HAVANA FL 32333
Title	SECRETARY/DIRECTOR	Title	DIRECTOR
Name	BERT, MARY	Name	SUBER, JAMES R
Address	HIGHWAY 270	Address	2535 SHADY REST RD
City-State-Zip:	HAVANA FL 32333	City-State-Zip:	HAVANA FL 32333
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR HARRELL, JASON	Title Name	DIRECTOR TOUCHTON, SUSAN
Name	HARRELL, JASON 403 LIVE OAK LN W	Name	TOUCHTON, SUSAN
Name Address City-State-Zip:	HARRELL, JASON 403 LIVE OAK LN W HAVANA FL 32333	Name Address	TOUCHTON, SUSAN 4810 SHADY REST RD
Name Address	HARRELL, JASON 403 LIVE OAK LN W	Name Address City-State-Zip:	TOUCHTON, SUSAN 4810 SHADY REST RD HAVANA FL 32333
Name Address City-State-Zip: Title	HARRELL, JASON 403 LIVE OAK LN W HAVANA FL 32333 DIRECTOR	Name Address City-State-Zip: Title	TOUCHTON, SUSAN 4810 SHADY REST RD HAVANA FL 32333 PRESIDENT
Name Address City-State-Zip: Title Name	HARRELL, JASON 403 LIVE OAK LN W HAVANA FL 32333 DIRECTOR DURDEN, JAMES	Name Address City-State-Zip: Title Name	TOUCHTON, SUSAN 4810 SHADY REST RD HAVANA FL 32333 PRESIDENT ARRINGTON, CLAUDE 106 6TH ST

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I hereby 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 all other like empowered.

SIGNATURE: DAVID ASHMORE

TREASURER

04/11/2017

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 11, 2017 Secretary of State CC0964875087

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	DAVIS, TJ	Name	HUNT, MARK T
Address	PO BOX 753	Address	227 FRANCIS DR
City-State-Zip:	HAVANA FL 32333	City-State-Zip:	HAVANA FL 32333

Title	DIRECTOR
Name	KIDD, JOBY
Address	504 LIVE OAK LANE
City-State-Zip:	HAVANA FL 32333