

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703538

**FILED**  
**Mar 27, 2015**  
**Secretary of State**  
**CC8546692258**

**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

**Certificate of Status Desired:** No

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

ASHMORE, DAVID  
110 COUNTRY CLUB DRIVE  
HAVANA, FL 32333 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DIRECTOR  
Name TILLER, RON  
Address 302 LIVE OAK LANE  
City-State-Zip: HAVANA FL 32333

Title T  
Name ASHMORE, DAVID  
Address 110 COUNTRY CLUB DR  
City-State-Zip: HAVANA FL 32333

Title SECRETARY/DIRECTOR  
Name BERT, MARY  
Address HIGHWAY 270  
City-State-Zip: HAVANA FL 32333

Title DIRECTOR  
Name PATRONIS, JOHN  
Address 508 LIVE OAK LANE  
City-State-Zip: HAVENA FL 32333

Title DIRECTOR  
Name HARRELL, JASON  
Address 403 LIVE OAK LN W  
City-State-Zip: HAVANA FL 32333

Title PRESIDENT  
Name IVIE, RUSTY  
Address 8658 HAVANA HWY  
City-State-Zip: HAVANA FL 32333

Title DIRECTOR  
Name COGGINS, JIMMY  
Address 7056 BLUEBERRY HILL  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR/VICE PRESIDENT  
Name BERT, NICK  
Address 405 LIVE OAK LANE  
City-State-Zip: HAVANA FL 32333

**Continues on page 2**

*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**

**03/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           DAVIS, TJ  
Address        PO BOX 753  
City-State-Zip: HAVANA FL 32333

Title           DIRECTOR  
Name           HUNT, MARK T  
Address        227 FRANCIS DR  
City-State-Zip: HAVANA FL 32333