

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762981

Entity Name: THE TRIANGLE CLUB OF GAINESVILLE, FLORIDA, INC.**Current Principal Place of Business:**1005 S.E. 4TH AVENUE
GAINESVILLE, FL 32601-3975**Current Mailing Address:**1005 S.E. 4TH AVENUE
GAINESVILLE, FL 32601-3975 US**FEI Number: 59-2890418****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KOVENS, LORI B
1005 SE 4TH AVENUE
GAINESVILLE, FL 32601 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: LORI KOVENS****03/23/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	T
Name	KOVENS, LORI B
Address	1005 S.E. 4TH AVENUE
City-State-Zip:	GAINESVILLE FL 32601-3975

Title	V
Name	ROSENBERG, MURRAY
Address	1005 S.E. 4TH AVENUE
City-State-Zip:	GAINESVILLE FL 32601-3975

Title	S
Name	HECHT, JENNIFER
Address	1005 S.E. 4TH AVENUE
City-State-Zip:	GAINESVILLE FL 32601-3975

Title	P
Name	CALLAHAN, JAMES
Address	1005 S.E. 4TH AVENUE
City-State-Zip:	GAINESVILLE FL 32601-3975

Title	D
Name	JANIEC, JERRY
Address	1005 S.E. 4TH AVENUE
City-State-Zip:	GAINESVILLE FL 32601-3975

Title	D
Name	KOMLOS, LUKE
Address	1005 S.E. 4TH AVENUE
City-State-Zip:	GAINESVILLE FL 32601-3975

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: LORI KOVENS**TREASURER****03/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date