NEWBERRY, F	-						
Current Mai	ling Address:						
16114 NW 3 NEWBERRY	2 AVENUE 7, FL 32669 US						
FEI Number: 54-2158508			Certificate of Status Desired: No				
Name and A	ddress of Current Registered Agent:						
KOTERBA, ANI 16114 NW 32 A NEWBERRY, F	VENUE						
			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.				
The above name	I entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of F	ilorida.			
	d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of F	ilorida. 01/16/2020			
		tered office or regis	tered agent, or both, in the State of F				
	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of F	01/16/2020			
SIGNATURE	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of F	01/16/2020			
SIGNATURE Officer/Dire	ANNE KOTERBA Electronic Signature of Registered Agent ctor Detail :			01/16/2020			
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : P	Title	VP	01/16/2020			
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : P KOTERBA, ANNE 16114 NW 32 AVENUE	Title Name	VP SMITH, ELIZABETH 404 NE SECOND AVENUE	01/16/2020			
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P KOTERBA, ANNE 16114 NW 32 AVENUE	Title Name Address	VP SMITH, ELIZABETH 404 NE SECOND AVENUE	01/16/2020			
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : P KOTERBA, ANNE 16114 NW 32 AVENUE NEWBERRY FL 32669	Title Name Address City-State-Zip:	VP SMITH, ELIZABETH 404 NE SECOND AVENUE GAINESVILLE FL 32601	01/16/2020			

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: BENJAMIN W SMITH

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: GAINESVILLE FL 32605

01/16/2020 Date

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400008013

Entity Name: GAINESVILLE AREA COMMUNITY TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

16114 NW 32 AVENUE Ν

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FILED Jan 16, 2020 **Secretary of State** 0216926065CC

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City-State-Zip: GAINESVILLE FL 32601

SECRETARY