2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 14, 2021
Secretary of State
9623597862CR

DOCUMENT# N16000000936

Entity Name: GOTHA RURAL SETTLEMENT ASSOCIATION, INC.

Current Principal Place of Business:

9561 GOTHA RD.
WINDERMERE, FL 34786

Current Mailing Address:

P.O. BOX 1005
GOTHA, FL 34734 US

FEI Number: 61-1789466

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARDAMAN, A. KURT
FISHBACK DOMINICK BENNETT ARDAMAN AHLERS
1947 LEE ROAD
WINTER PARK, FL 32789 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: A. KURT ARDAMAN 11/14/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN, DIRECTOR
Name	BOERS, DAVID
Address	9304 MORTON JONES ROAD
City-State-Zip:	GOTHA FL 34734

Title	DIRECTOR
Name	KLARE, KATHLEEN E
Address	303 E. 7TH AVENUE
City-State-Zip:	WINDERMERE FL 34786

Title	DIRECTOR
Name	RICHTER, RAINER
Address	1104 HEMPEL AVE.
City-State-Zip:	GOTHA FL 34734

Title	DIRECTOR
Name	HEWITT, AMBER
Address	1172 MILL STREET
City-State-Zip:	GOTHA FL 34734

Title	S, DIRECTOR
Name	SCHRETZMANN-MYERS, THERESA
Address	2713 TRYON PLACE
City-State-Zip:	WINDERMERE FL 34786

Title	DIRECTOR
Name	MEADOR, LOUISE
Address	1156 MILL STREET
City-State-Zip:	GOTHA FL 34734

Title	TREASURER, DIRECTOR
Name	HEWITT, TOM
Address	1172 MILL STREET
City-State-Zip:	GOTHA FL 34734

Title	DIRECTOR
Name	NEFF, MIKE
Address	2037 HEMPEL AVENUE
City-State-Zip:	GOTHA FL 34734

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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: THERESA SCHRETZMANN-MYERS SECRETARY 11/14/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CHOMANICS, CAROLINE
Address	1711 ROSEBERRY LANE
City-State-Zip:	SANFORD FL 32771

Title	DIRECTOR
Name	ARDAMAN, A. KURT ESQ.
Address	2075 CAROLINA AVENUE
City-State-Zip:	GOTHA FL 34734