

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002037

**Entity Name:** RIVERWOOD GOLF CLUB, LLC**Current Principal Place of Business:**3350 PEACHTREE ROAD NE  
SUITE 150  
ATLANTA , GA 30326**Current Mailing Address:**3350 PEACHTREE ROAD NE  
SUITE 150  
ATLANTA , GA 30326 US**FEI Number:** 27-0263959**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** MICHELE L. ABBOTT

05/02/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER, VP-LAND  
Name MCCORMICK, RICHARD  
Address 3350 PEACHTREE ROAD NE  
SUITE 150  
City-State-Zip: ATLANTA GA 30326

Title MANAGER  
Name YONALEY, BRIAN  
Address 3350 PEACHTREE ROAD NE  
SUITE 150  
City-State-Zip: ATLANTA GA 30326

Title VICE PRESIDENT AND TREASURER  
Name LANGEN, D BRYCE  
Address 3350 PEACHTREE ROAD NE  
SUITE 150  
City-State-Zip: ATLANTA GA 30326

Title VP  
Name HILL, KIMBERLY M  
Address 3350 PEACHTREE ROAD NE  
SUITE 150  
City-State-Zip: ATLANTA GA 30326

Title PRESIDENT  
Name OSSOWSKI, JAMES L  
Address 3350 PEACHTREE ROAD NE  
SUITE 150  
City-State-Zip: ATLANTA GA 30326

Title SECRETARY  
Name MATUREN, ELLEN PADESKY  
Address 3350 PEACHTREE ROAD NE  
SUITE 150  
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT SECRETARY  
Name VOILES, CHANDLER  
Address 3350 PEACHTREE ROAD NE  
SUITE 150  
City-State-Zip: ATLANTA GA 30326

Title VICE PRESIDENT AND ASSISTANT  
SECRETARY  
Name CLEMENTS , SCOTT  
Address 3350 PEACHTREE ROAD NE  
SUITE 150  
City-State-Zip: ATLANTA GA 30326

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KELLYMARIE CONLON**ASSISTANT SECRETARY** 05/02/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	ASST. SECRETARY
Name	CONLON, KELLYMARIE
Address	3350 PEACHTREE ROAD NE SUITE 150
City-State-Zip:	ATLANTA GA 30326