2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 532315

Entity Name: FOREST HILLS GOLF & COUNTRY CLUB, INC.

Current Principal Place of Business:

5211 BOARDWALK ST.
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

5211 BOARDWALK ST.
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 59-1752797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOULIAS, DOLLY
5211 BOARDWALK ST
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

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: DOLLY KOULIAS
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KOULIAS, DOLLY
Address: 5211 BOARDWALK ST.
City-St-Zip: HOLIDAY, FL 34690

Title: VP ( ) Delete
Name: CUNNINGHAM, RENEE
Address: 5211 BOARDWALK ST.
City-St-Zip: HOLIDAY, FL 34690

Title: D ( ) Delete
Name: PICKERING, ROBERTA
Address: 5211 BOARDWALK ST
City-St-Zip: HOLIDAY, FL 34690

Title: D ( ) Delete
Name: CUNNINGHAM, RENEE
Address: 5211 BOARDWALK ST
City-St-Zip: HOLIDAY, FL 34690

Title: D ( ) Delete
Name: KOULIAS, DOLLY
Address: 5211 BOARDWALK ST
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLLY KOULIAS PD 01/09/2009
Electronic Signature of Signing Officer or Director Date