

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703538

FILED
Aug 03, 2009
Secretary of State

Entity Name: HAVANA GOLF AND COUNTRY CLUB, INC.

Current Principal Place of Business:

COUNTRY CLUB DRIVE
HAVANA FLA, 32333

New Principal Place of Business:

110 COUNTRY CLUB DRIVE
HAVANA, FL 32333

Current Mailing Address:

PO BOX 832
HAVANA, FL 32333 US

New Mailing Address:

FEI Number: 59-0974985 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ASHMORE, DAVID
110 COUNTRY CLUB DRIVE
HAVANA, FL 32333 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POPPELL, CLYDE
Address: 277 BETH PAGE RD
City-St-Zip: THOMASVILLE, GA 31792

Title: T () Delete
Name: ASHMORE, DAVID
Address: COUNTRY CLUB DR
City-St-Zip: HAVANA, FL 32333

Title: VP () Delete
Name: BERT, MARY
Address: HIGHWAY 270, SCOTLAND RD
City-St-Zip: HAVANA, FL 32333

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: ASHMORE, DAVID
Address: 110 COUNTRY CLUB DR
City-St-Zip: HAVANA, FL 32333

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

Title: D () Change (X) Addition
Name: TILLER, RON
Address: 302 LIVE OAK LN
City-St-Zip: HAVANA, FL 32333

Title: D () Change (X) Addition
Name: GREGORY, BRIAN
Address: 206 E 5TH AVE
City-St-Zip: HAVANA, FL 32333

Title: D () Change (X) Addition
Name: MERCER, RON
Address: HIGHWAY 12
City-St-Zip: HAVANA, FL 32333

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ASHMORE

T

08/03/2009

Electronic Signature of Signing Officer or Director

Date