


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90002 029 ****61.25

DOCUMENT # 704784

1. Entity Name
REDLAND DISTRICT GOLF AND COUNTRY CLUB



Principal Place of Business
 24451 SW 177 AVE
 HOMESTEAD, FL 33030 US

Mailing Address
 P.O. BOX 901268
 HOMESTEAD, FL 33090 US

60044422



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

06062008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0761765

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KOONCE, DAVID
 19926 SW 326TH STREET
 HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOWEN, LES	
STREET ADDRESS	40 NE 15 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARBIN, CAROL	
STREET ADDRESS	17525 SW 245 TERR	
CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	S	<input type="checkbox"/> Delete
NAME	FREDERICK, MICHAEL	
STREET ADDRESS	17201 SW 290 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, DAVID	
STREET ADDRESS	25401 SW 147 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, SAMUEL	
STREET ADDRESS	14573 SW 161 CT	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAYS, MORGAN	
STREET ADDRESS	1940 SW 242 TERR	
CITY-ST-ZIP	HOMESTEAD, FL 33031	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT FACEY	
STREET ADDRESS	8772 SW 214 TERR	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lesley E. Bowen Lesley E. Bowen 6/6/08 (305) 246-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #