

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704784

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** REDLAND DISTRICT GOLF AND COUNTRY CLUB

**Current Principal Place of Business:**

24451 SW 177 AVE  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 901268  
HOMESTEAD, FL 33090 US

**New Mailing Address:**

**FEI Number:** 59-0761765      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOONCE, DAVID  
19926 SW 326TH STREET  
HOMESTEAD, FL 33030 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: BOWEN, LESLEY E  
Address: 44 NE 16 ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: SD  
Name: HUGHS, ROBERT J  
Address: 2375 SE 5 CT  
City-St-Zip: HOMESTEAD, FL 33033

Title: PD  
Name: KOONCE, DAVID E  
Address: 19926 SW 326 ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: D  
Name: FACEY, ROBERT  
Address: 8772 SW 214 TERR  
City-St-Zip: MIAMI, FL 33189

Title: VPD  
Name: MARTINEZ, SAMUEL  
Address: 14573 SW 161 CT  
City-St-Zip: MIAMI, FL 33196

Title: D  
Name: BUDD, EDWARD  
Address: 377 N KROME AVE  
City-St-Zip: HOMESTEAD, FL 33031

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: LESLEY E BOWEN

TREA

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date