

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709763

FILED
Jul 17, 2008
Secretary of State

Entity Name: WILLISTON HIGHLANDS GOLF & COUNTRY CLUB ASSOCIATION, INC.

Current Principal Place of Business:

WILLISTON HIGHLANDS
789 NE STATE RD 121
WILLISTON, FL 32696 US

New Principal Place of Business:

Current Mailing Address:

789 NE STATE RD 121
WILLISTON, FL 32696 US

New Mailing Address:

FEI Number: 59-1173769 **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:

CAMPBELL, PAUL
15149 NE 9TH ST
WILLISTON, FL 32696 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: P () Delete
Name: CAMPBELL, PAUL
Address: 15149 NE 9TH ST
City-St-Zip: WILLISTON, FL 32696

Title: VP () Delete
Name: JONES, CECIL
Address: 15191 NE 9TH ST
City-St-Zip: WILLISTON, FL 32696

Title: ST () Delete
Name: KEITH, CLAIR
Address: 15148 NE 3RD ST
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: ROMIG, MARILENE
Address: 316 E COUNTRY CLUB DR
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: MCCALLISTER, W.W.
Address: 15173 NE 3RD PL
City-St-Zip: WILLISTON, FL 32696

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

SIGNATURE: WALTER W MCCALLISTER

MGR

07/17/2008

Electronic Signature of Signing Officer or Director

Date