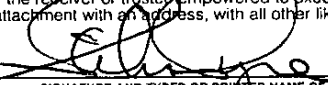


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90067 008 ****61.25

DOCUMENT # 756739 1. Entity Name GAINESVILLE GOLF & COUNTRY CLUB, INC.					
Principal Place of Business 7300 SW 35TH WAY GAINESVILLE, FL 32608			Mailing Address 7300 SW 35TH WAY GAINESVILLE, FL 32608		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0258500	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WARD, PETER H % WARD & WARD 4001 NEWBERRY ROAD - SUITE C1 GAINESVILLE, FL 32607				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 May 1, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V ☐ Delete	TITLE	President ☐ Change ☒ Addition		
NAME	ALSOBROOK, AL	NAME	Dr. Stephen Sugrue		
STREET ADDRESS	6621 NW 50 LANE	STREET ADDRESS	4621 NW 57th Drive		
CITY-ST-ZIP	GAINESVILLE, FL 32653	CITY-ST-ZIP	Gainesville, FL. 32606		
TITLE	P ☒ Delete	TITLE	☐ Change ☐ Addition		
NAME	STAUFFER, DAVE	NAME			
STREET ADDRESS	2737 SW 4TH PLACE	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP			
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	SPEED, DENNIS	NAME			
STREET ADDRESS	6815 SW 35 WAY	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP			
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	JOHNSON, ERICA	NAME			
STREET ADDRESS	6231 SW 37TH WAY	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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:  Dr. Stephen Sugrue 2-6-08 352-372-1458 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					