

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 756739

FILED
Oct 16, 2009
Secretary of State

Entity Name: GAINESVILLE GOLF & COUNTRY CLUB, INC.

Current Principal Place of Business:

7300 SW 35TH WAY
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

7300 SW 35TH WAY
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-0258500 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:

WARD, PETER H
% WARD & WARD
4001 NEWBERRY ROAD - SUITE C1
GAINESVILLE, FL 32607 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: PETER H. WARD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ALSOBROOK, AL
Address: 6621 NW 50 LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: P () Delete
Name: SUGRUE, STEPHEN DR.
Address: 4621 SW 57TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: T () Delete
Name: SPEED, DENNIS
Address: 6815 SW 35 WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: JOHNSON, ERICA
Address: 6231 SW 37TH WAY
City-St-Zip: GAINESVILLE, FL 32608

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: RAINWATER, CARLOS
Address: 9614 SW 54TH ROAD
City-St-Zip: GAINESVILLE, FL 32608

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

Title: S (X) Change () Addition
Name: STAUFFER, DAVE
Address: 3085 SE 50TH STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Change (X) Addition
Name: LYMAN, THOMAS C
Address: 9714 SW 32ND LANE
City-St-Zip: GAINESVILLE, FL 32608

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: THOMAS C. LYMAN

D

10/16/2009

Electronic Signature of Signing Officer or Director

Date