


2006 NOT-FOR-PROFIT CORPORATION

REINSTATEMENT 06

DOCUMENT # N14680			
1. Entity Name VILLAGE RACQUET CLUB, INC.			
Principal Place of Business 1200 W. RETTA ESPLANADE PUNTA GORDA, FL 33950		Mailing Address 1200 W. RETTA ESPLANADE PUNTA GORDA, FL 33950	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

06 NOV 14 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07012006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2763965

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent ROONEY, MICHAEL J 306 E OLYMPIA AVE PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name KATHLEEN TAYLOR Street Address (P.O. Box Number is Not Acceptable) 1001 W. MARION AVE. #4 City PUNTA GORDA FL Zip Code 33950	
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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: Kathleen Taylor KATHLEEN TAYLOR 11-9-06
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 6, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	DT AXTELL, SALLY <input checked="" type="checkbox"/> Delete 1506 RED OAK LANE PORT CHARLOTTE, FL 33948	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KATHLEEN TAYLOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1001 W. MARION AVE. #4 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FISHER, STEPHANIE <input type="checkbox"/> Delete 1461 RED OAK LANE PORT CHARLOTTE, FL 33948	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500080881505 10/16/06--01052--004 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHYTE, THOMAS <input checked="" type="checkbox"/> Delete 3640 BEL HARBOR BLVD PUNTA GORDA, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACK TAYLOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1001 W. MARION AVE. #4 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARTH, GEORGE <input checked="" type="checkbox"/> Delete 1238 CANVASBACK CT PUNTA GORDA, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILMA JOHNSTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 711 BIMINI LN. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500080881505 11/02/06--01029--002 **\$175.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jack Taylor JACK TAYLOR 10-9-06 941-639-5704
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #