FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90156 044 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16765

1. Entry Name
GULLAIRE VILLAGE SOCIAL CLUB, INC.

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40068557

2. Principal Place of Business	3. Mailing Address
151 B GULLAIRE BLVD	151 B GULLAIRE BLVD
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State: OLDSMAR, FL.	City & State: OLDSMAR, FL.
Zip: 34677 Country: US	Zip: 34677 Country: US

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4. FEI Number: Not Applicable — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: DIANA S. LUTCH
Street Address (P.O. Box Number is Not Acceptable): 497 LAKE WAY
City: OLDSMAR, FL. Zip Code: 34677

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] DIANA LUTCH 4/24/06

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

Title	Name / Street Address / City-St-Zip
PD	DIANA S. LUTCH, 497 LAKE WAY, OLDSMAR, FL 34677
VD	SALLY WILLS, 437 SAILFISH BLVD., OLDSMAR, FL. 34677
SD	KATHLEEN A. ROSE, 480 TROUT LANE, OLDSMAR, FL. 34677
TD	JOANN AMENDOLA, 93 PELICAN DR. N., OLDSMAR, FL. 34677

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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

[signature] DIANA LUTCH 4/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR