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Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90833 028 ****61.25

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

DOCUMENT # N16765

1. Entity Name
Gullaine Village Social Club, INC.

DO NOT WRITE IN THIS SPACE

40092848

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
151 B Gullaine Blvd.	151 B Gullaine Blvd.	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc	☐ Applied For ☐ Not Applicable
City & State: Oldsmar, Fl.	City & State: Oldsmar, Fl.	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip: 34677 Country: US	Zip: 34677 Country: US	

DO NOT WRITE IN THIS SPACE

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: Diana S. Lutch DIANA S. LUTCH 4/24/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE: P NAME: Diana S. Lutch STREET ADDRESS: 497 Lake Way CITY-ST-ZIP: Oldsmar, Fl. 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE: VD NAME: Susan Van Vessem STREET ADDRESS: 152 Gull Aine Blvd. CITY-ST-ZIP: Oldsmar, Fl 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE: SD NAME: Kathleen A. Rose STREET ADDRESS: 480 Thout Lane CITY-ST-ZIP: Oldsmar, Fl 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE: TD NAME: JoAnn Amendola STREET ADDRESS: 93 Pelican Dr. N. CITY-ST-ZIP: Oldsmar, Fl. 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/05)

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.

Diana S. Lutch DIANA S. LUTCH 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE