


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90069 022 \*\*\*\*61.25

<b>DOCUMENT # N21740</b> 1. Entity Name <b>GAINESVILLE COUNTRY CLUB HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>6231 SW 37TH WAY</b> <b>GAINESVILLE, FL 32608 US</b>			Mailing Address <b>P.O. BOX 143216</b> <b>GAINESVILLE, FL 32614-3216 US</b>		
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 <b>59-0258500</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TUTTLE, JAN</b> <b>3041 SW 68TH LANE</b> <b>GAINESVILLE, FL 32608</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JOHNSON, ROBERT</b> <b>6231 SW 37TH WAY</b> <b>GAINESVILLE, FL 32608</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>SHEWEY, BOB</b> <b>5714 SW 36TH WAY</b> <b>GAINESVILLE, FL 32608</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HOLLOWAY, SAM</b> <b>6509 SW 37TH WAY</b> <b>GAINESVILLE, FL 32608</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MENZIES, BARBARA</b> <b>5533 SW 37TH LANE</b> <b>GAINESVILLE, FL 32608</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD</b> <b>TUTTLE, JAN</b> <b>3041 SW 68TH LANE</b> <b>GAINESVILLE, FL 32608</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>D. Thomas Donaldson</b> <b>5548 S.W. 37th Dr.</b> <b>GAINESVILLE, FL 32608</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS 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.				
<b>SIGNATURE: <i>D. Thomas Donaldson</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/4/08</b> <small>Date</small>		<b>352-336-8945</b> <small>Daytime Phone #</small>