


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90090 049 \*\*\*\*61.25

0010644

<b>DOCUMENT # N21740</b>	
1. Entity Name <b>GAINESVILLE COUNTRY CLUB HOMEOWNER'S ASSOCIATION, INC.</b>	

Principal Place of Business <b>6021 SW 35TH WAY GAINESVILLE FL 32608 US</b>	Mailing Address <b>6021 SW 35TH WAY GAINESVILLE FL 32608 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>59-0258500</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



☐ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b>
<b>FEIBER, MARY</b> <b>6021 SW 35TH WAY</b> <b>GAINESVILLE FL 32608</b>

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HARPE, CAROLE N</b> <input checked="" type="checkbox"/> Delete <b>5711 SW 35 WAY</b> <b>GAINESVILLE FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD WARNER, MARK</b> <input type="checkbox"/> Delete <b>3580 SW 63 LANE</b> <b>GAINESVILLE FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FEIBER, MARY</b> <input type="checkbox"/> Delete <b>6021 SW 35TH WAY</b> <b>GAINESVILLE FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MENZIES, BARBARA</b> <input type="checkbox"/> Delete <b>5533 S.W. 37TH LANE</b> <b>GAINESVILLE FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Alexis Dirienzo</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6111 SW 35 Way</b> <b>Gainesville FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 Block 11 if changed, or on an attachment with my address, with all other like empowers.

**SIGNATURE:** **MARY FEIBER** **4/28/03 352 335 9513**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)