2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N38391

1. Entity Name
GRASSLANDS GOLF & COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
1600 GRASSLANDS BLVD. LAKELAND, FL 33803	1600 GRASSLANDS BLVD. LAKELAND, FL 33803

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03072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3012740

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASS, LEONARD
3604 HARDEN BLVD
LAKELAND, FL 33803

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	DAS
NAME	STILLWELL, JACK
STREET ADDRESS	530 BEACON PKWY WEST
CITY-ST-ZIP	BIRMINGHAM, AL
TITLE	D
NAME	SMELTZLY, HALL
STREET ADDRESS	815 WHITE STONE CT
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	KIBLER, D. BURKE III
STREET ADDRESS	92 LAKE WIRE DR.
CITY-ST-ZIP	LAKELAND, FL
TITLE	T
NAME	FUSSELL, DONALD R
STREET ADDRESS	3604 HARDEN BLVD
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	PD
NAME	MASS, LEONARD
STREET ADDRESS	3604 HARDEN BLVD.
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/08-80027-017 61.25

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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: DONALD R FUSSELL TREASURER 3/7/08 (863)647-1100 EXT. 237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #