

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S08110

1. Entity Name
HARDER HALL COUNTRY CLUB, INC.



FILED

2007 NOV 26 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3201 GOLFVIEW ROAD
SEBRING, FL 33875

Mailing Address
3201 GOLFVIEW ROAD
SEBRING, FL 33875

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

11012007 REIN-P CR2E098 (1/07)

4. FEI Number
59-3062558

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABLES, CLIFFORD M III
551 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-5-07

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HOWARD, PAUL E
3201 GOLFVIEW ROAD
SEBRING, FL 33875 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300112576873
11/26/07--01047--021 **750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
PHILLIPS, JOHN
3201 GOLFVIEW ROAD
SEBRING, FL 33875 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAST
BOGGS, KENT
3201 GOLFVIEW ROAD
SEBRING, FL 33875 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOWARD, DEAN
3201 GOLFVIEW ROAD
SEBRING, FL 33875 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BECKER, WALT
3201 GOLFVIEW ROAD
SEBRING, FL 33875 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-07

Date

Daytime Phone #

11/29/07