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Apr 15 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N30791 (0)  
1. Corporation Name  
AUDUBON COUNTRY CLUB ASSOCIATION, INC.



Principal Place of Business Mailing Address  
625 AUDUBON BLVD 625 AUDUBON BLVD  
NAPLES FL 33963 NAPLES FL 34110-7939

3. Date Incorporated or Qualified 02/21/1989 3a. Date of Last Report 04/24/1996  
4. FEI Number 65-0102934 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election: Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 34110 25 Country 29 Country 30 Country  
b. Name and Address of Current Registered Agent

DE MENA, JOHN W  
625 AUDUBON BLVD  
NAPLES FL 33963

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code 34110

11. Pursuant to the provisions of Sections 617.05(2) and 617.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.05(3), Florida Statutes.

SIGNATURE Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when resigning) DATE

Table with columns for Officers and Directors (12) and Additions/Changes to Officers and Directors (13). Includes fields for Title, Name, Street Address, City-St-Zip, and checkboxes for Delete, Change, and Addition.

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)