

FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90034 009 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N30791

1. Corporation Name

AUDUBON COUNTRY CLUB ASSOCIATION, INC.

Principal Place of Business

625 AUDUBON BLVD
 NAPLES FL 34110
 US

Mailing Address

625 AUDUBON BLVD
 NAPLES FL 34110
 US

* 2 3 7 8 9 2 *
 237882 - 90034 - 9



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

3. Date incorporated or Qualified

02/21/1989

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

9. Name and Address of Current Registered Agent

DE MENA, JOHN W
 625 AUDUBON BLVD
 NAPLES FL 34110

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FLINN, ROBERT H	
STREET ADDRESS	15725 TAMiami TRL N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLINN, COLIN S.	
STREET ADDRESS	15725 TAMiami TRL N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	DEMENA, JOHN W.	
STREET ADDRESS	15725 TAMiami TRL N.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Livingston	
1.3 STREET ADDRESS	625 Audubon Blvd	
1.4 CITY-ST-ZIP	Naples, FL 34110	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Adam Scherer	
2.3 STREET ADDRESS	625 Audubon Blvd	
2.4 CITY-ST-ZIP	Naples, FL 34110	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Thomas Hoess	
3.3 STREET ADDRESS	625 Audubon Blvd.	
3.4 CITY-ST-ZIP	Naples, FL 34110	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	C. Bowman Stromc	
4.3 STREET ADDRESS	625 Audubon Blvd.	
4.4 CITY-ST-ZIP	Naples, FL 34110	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ruth Bromley	
5.3 STREET ADDRESS	625 Audubon Blvd.	
5.4 CITY-ST-ZIP	Naples, FL 34110	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Thomas Moellering	
6.3 STREET ADDRESS	625 Audubon Blvd.	
6.4 CITY-ST-ZIP	Naples, FL 34110	

14. 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 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, with all other like empowered.

SIGNATURE:

Thomas Hoess SIGNATURE REQUIRED

HOESS

3/1/99

(41) 566-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

237882-90034-9
N30791

**AUDUBON COUNTRY CLUB
ANNUAL REPORT
1999
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**Item 13
Additional Directors:**

**Edwin Moler
625 Audubon Blvd.
Naples, FL 34110**

**Paul Bowles
625 Audubon Blvd.
Naples, FL 34110**

**John Potter
625 Audubon Blvd.
Naples, FL 34110**