2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30791

1. Entity Name

Zip

SIGNATURE

10.

TITLE

NAME

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NAME STREET ADORESS

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STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

CITY-ST-7IP

DE MENA, JOHN W 625 AUDUBON BLVD NAPLES FL 34110

AUDUBON COUNTRY CLUB ASSOCIATION, INC.

Principal Place of Business 25 AUDUBON BLVD IAPLES FL 34110 S	Mailing Address 625 AUDUBON BLVD NAPLES FL 34110-7939 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

3 4 7 22

FEE IS \$61.25

Livingston. Robert

625 AUDUBON BLVD

625 AUDUBON BLVD

NAPLES FL 34110

HOESS, THOMAS

NAPLES FL 34110

625 AUDUBON BLVD

BOWMAN, STROME C

625 AUDUBON BLVD

625 AUDUBON BLVD

MOCLLERING, THOMAS

625 AUDUBON BLVD

NAPLES FL 34110

NAPLES FL 34110

BROMLEY, RUTH

NAPLES FL 34110

NAPLES FL 34110

SCHEER, ADAM

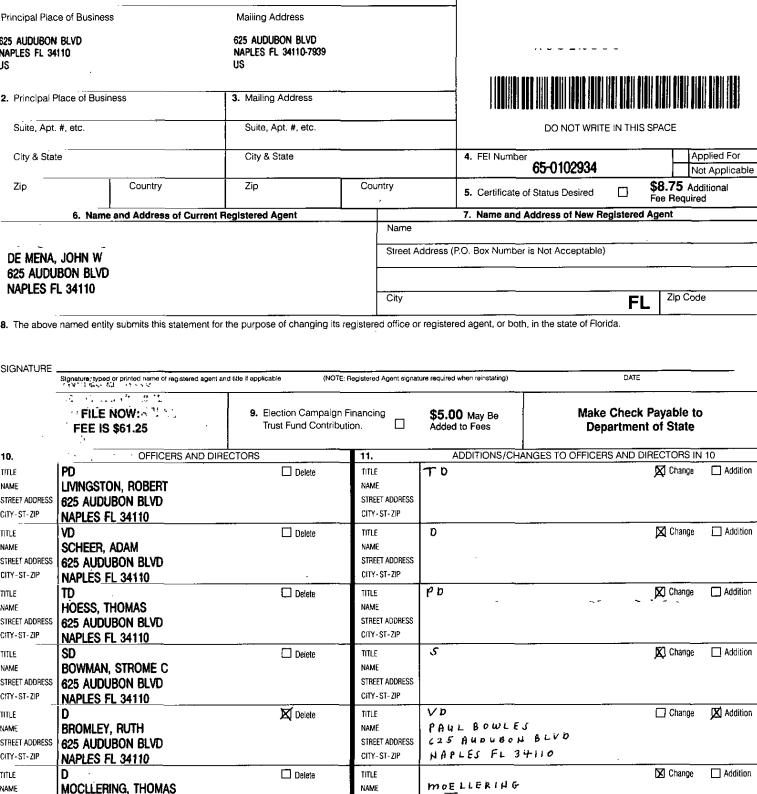
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FILE NOW:

FILED Apr 21, 2000 8:00 am Secretary of State

04-21-2000 90115 008 ****61.25



12. I hereby certify that the information supplied with this filling 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 an address with all other like empowered:

CITY-ST-ZIP

Country

9. Election Campaign Financing

Trust Fund Contribution.

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Name

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11.

TITLE

NAME STREET ADDRESS

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NAME STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ayri 14, 2000 (941) 566-9800

Date Daylime Phone #