


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N30791

1. Entity Name
AUDUBON COUNTRY CLUB ASSOCIATION, INC.



Principal Place of Business Mailing Address

**625 AUDUBON BLVD
 NAPLES FL 34110
 US** **625 AUDUBON BLVD
 NAPLES FL 34110
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For

65-0102934 Not Applicable

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

6. Name and Address of Current Registered Agent

**DE MENA, JOHN W
 625 AUDUBON BLVD
 NAPLES FL 34110**

7. Name and Address of New Registered Agent

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 _____ DATE _____

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	GRECKY, JOSEPH	
STREET ADDRESS	625 AUDUBON BLVD	
CITY - ST - ZIP	NAPLES FL 34110	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KENNEDY, KIRBY	
STREET ADDRESS	625 AUDUBON BLVD	
CITY - ST - ZIP	NAPLES FL 34110	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CROSBY, LEROY	
STREET ADDRESS	625 AUDUBON BLVD	
CITY - ST - ZIP	NAPLES FL 34110	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVENSON, HARVEY	
STREET ADDRESS	625 AUDUBON BLVD	
CITY - ST - ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORROW, SANDRA	
STREET ADDRESS	625 AUDUBON BLVD	
CITY - ST - ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITESIDE, PETER	
STREET ADDRESS	625 AUDUBON BLVD	
CITY - ST - ZIP	NAPLES FL 34110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. 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 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: _____ **Feb. 10, 2004** (239) 566-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #