
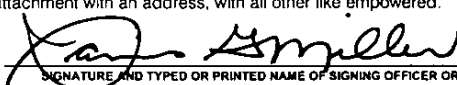


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90125 041 ****61.25

DOCUMENT # N30791					
1. Entity 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. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0102934	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DE MENA, JOHN W 625 AUDUBON BLVD NAPLES, FL 34110			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JAMES		NAME		
STREET ADDRESS	625 AUDUBON BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, MARVIN		NAME	MUSE, KAREN	
STREET ADDRESS	625 AUDUBON BLVD		STREET ADDRESS	625 AUDUBON BLVD	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONRAD, HERB		NAME		
STREET ADDRESS	625 AUDUBON BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKEFIELD, BRUCE		NAME		
STREET ADDRESS	625 AUDUBON BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	b	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAMUTH, DON		NAME	MEIER, CHARLES	
STREET ADDRESS	625 AUDUBON BLVD		STREET ADDRESS	625 AUDUBON BLVD	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Pd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, FRANK		NAME		
STREET ADDRESS	625 AUDUBON BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
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 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: 			4-4-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

ATTACHMENT
40080661

AUDUBON COUNTRY CLUB ASSOCIATION, INC.
2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT
DOCUMENT # N30791
ATTACHMENT FOR 2008

Listing of three additional directors (total of nine):

TITLE	D
NAME	HUSSEY, VICTOR
STREET ADDRESS	625 AUDUBON BLVD
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	D
NAME	MIRKA, JANE
STREET ADDRESS	625 AUDUBON BLVD
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	D
NAME	JEFFREY, CHARLES
STREET ADDRESS	625 AUDUBON BLVD
CITY-ST-ZIP	NAPLES, FL 34110