FILED

## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 18, 2003 8:00 am Secretary of State **DOCUMENT # N30791** 04-18-2003 90230 009 \*\*\*\*61.25 AUDUBON COUNTRY CLUB ASSOCIATION, INC. Principal Place of Business Mailing Address 625 AUDUBON BLVD 625 AUDUBON BLVD NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0102934 City & State City & State Applied For Not Applicable Zip Country Zio. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE MENA, JOHN W Street Address (P.O. Box Number is Not Acceptable) 625 AUDUBON BLVD NAPLES FL 34110 City 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Change X Addition Delete Joseph Grecky NAME FEIMAN, DONALD NAME 625 Audubun Blud FIREET ADDRESS 625 AUDUBON BLVD STREET ADDRESS Naples FL 34110 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 TITLE TITLE ☐ Change Addition Detete Kirby Kennedy **BAYTOS, LAWRENCE** NAME NAME 625 Anduban Blud STREET ADDRESS 625 AUDUBON BLVD STREET ADDRESS Naples FL 34110 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 TITLE Delete TITLE ☐ Change Addition Addition Leroy Crosby NAME CIOTTI, SUE NAME 625 Augubon Blud STREET ADDRESS STREET ADDRESS 625 AUDUBON BLVD Naples .FL 34110 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Pb ☐ Delete ☐ Addition LEVENSON, HARVEY NAME NAME STREET ADDRESS 625 AUDUBON BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 TITLE Addition TITLE ■ Delete ☐ Change Sandra Morrow **BOWLES, PAUL** NAME NAME 625, Andaban Blud STREET ADDRESS **625 AUDUBON BLVD** STREET ADDRESS Naples FL 34110 CITY-ST-7IP NAPLES FL 34110 CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Addition** NAME MOELLERING, THOMAS Peter Whiteside 625 Andulum Blud STREET ADDRESS **625 AUDUBON BLVD** STREET ADDRESS

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 employered 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

SIGNATURE:

NAPLES FL 34110

CITY-ST-ZIP

April 14, 2003

Na, ) 65 FL 34110

(239) 566- 9800