

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007068

FILED  
Feb 02, 2012  
Secretary of State

**Entity Name:** VASARI COUNTRY CLUB MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

11250 VIA DEL VASARI DRIVE  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

11250 VIA DE VASARI DRIVE  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

11250 VIA DEL VASARI DRIVE  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

11250 VIA DE VASARI DRIVE  
BONITA SPRINGS, FL 34135

**FEI Number:** 65-1050022

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDMAN, ELLEN A ESQ  
PORTER WRIGHT MORRIS & ARTHUR, LLP  
5801 PELICAN BAY BLVD., STE. 300  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MAIONE, FRED  
Address: 11250 VIA DE VASARI DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT  
Name: GORDON, IAN D  
Address: 11250 VIA DE VASARI DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS  
Name: DUNCAN, BOB  
Address: 11250 VIA DE VASARI DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD  
Name: GAVIN, GAIL  
Address: 11250 VIA DE VASARI DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: BOYD, RON  
Address: 11250 VIA DE VASARI DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: BELMONTI, SAMUEL  
Address: 11250 VIA DEL VASARI DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** IAN D GORDON

DT

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date