## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 706215** 

Entity Name: THE COUNTRY CLUB OF NAPLES, INC.

**Current Principal Place of Business:** 

185 BURNING TREE DRIVE NAPLES. FL 34105-6308

**Current Mailing Address:** 

185 BURNING TREE DRIVE NAPLES. FL 34105-6308 US

FEI Number: 59-1149087 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOYER-BOOTH, ELIZABETH ACONTROL 185 BURNING TREE DRIVE NAPLES, FL 34105 US

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Feb 19, 2016

Secretary of State

CC8649051322

Officer/Director Detail :

Title VP, DIRECTOR Title DIRECTOR

O'CONNOR, JAMES J FINNEN, PATRICIA A Name Name

4951 GULF SHORE BLVD. N. #1804 Address Address 2170 HAWKSRIDGE DRIVE

**APT 1904** 

NAPLES FL 34103-2694 City-State-Zip: City-State-Zip: NAPLES FL 34105-8532

Title PRESIDENT, DIRECTOR Title

DIRECTOR HUGHES, ROBERT Name Name UTTER, JOHN A

Address 3971 GULF SHORE BLVD N 525 PORTSIDE DRIVE Address

**APT 304** City-State-Zip: NAPLES FL 34103-4169 NAPLES FL 34103-2101

Title **DIRECTOR** Title DIRECTOR

Name DANIEL. PORTER O JR. PLAGEMAN, PATRICIA A Name

Address 3400 GULF SHORE BLVD N, APT J2 61 CYPRESS POINT DR Address

City-State-Zip: NAPLES FL 34103-4605 City-State-Zip: NAPLES FL 34105-6312

Title TREASURER, DIRECTOR Title SECRETARY, DIRECTOR

Name CUNEO. NGAIRE E Name STRUNK, CHRISTOPHER

Address 2916 TIBURON BLVD EAST Address 22 5TH STREET SOUTH

NAPLES FL 34109-3603 City-State-Zip: City-State-Zip: NAPLES FL 34102-6106

Continues on page 2

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.

02/19/2016 SIGNATURE: ROBERT HUGHES **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name CAMPBELL, THOMAS J

Address 4951 GULF SHORE BLVD N

APT 1104

City-State-Zip: NAPLES FL 34103-2691

Title DIRECTOR

Name MAYER, FRANK L

Address 4151 GULF SHORE BLVD N

APT 1503

City-State-Zip: NAPLES FL 34103-5600

Title DIRECTOR

Name COSNER, LEONARD REATH

Address 60 SEAGATE DR

APT 1004

City-State-Zip: NAPLES FL 34103-2443