

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007068

**Entity Name:** VASARI COUNTRY CLUB MASTER ASSOCIATION, INC.**Current Principal Place of Business:**11250 VIA DE VASARI DRIVE  
BONITA SPRINGS, FL 34135**Current Mailing Address:**11250 VIA DE VASARI DRIVE  
BONITA SPRINGS, FL 34135**FEI Number:** 65-1050022**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VASQUEZ, ERIC JESQ  
BOND SCHOENECK AND KING  
4001 TAMiami TRAIL NORTH SUITE 250  
NAPLES, FL 35555 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title      PRESIDENT, DIRECTOR  
Name      DUNCAN, ROBERT  
Address    11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title      TREASURER, DIRECTOR  
Name      SCHULTZ, JAMES  
Address    11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title      SECRETARY, DIRECTOR  
Name      HOUGH, BETH  
Address    11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title      VP, DIRECTOR  
Name      BOYD, RON  
Address    11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title      OFFICER  
Name      TEETS, FRANK D JR.  
Address    11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title      DIRECTOR  
Name      AMBROSE, DAVID  
Address    11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title      DIRECTOR  
Name      CAIN, KEVIN  
Address    11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title      DIRECTOR  
Name      COWGER, BECKY  
Address    11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

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*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:** FRANK D TEETS JR**OFFICER****02/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                 DIRECTOR  
Name                MARSHALL, PETER  
Address             11250 VIA DE VASARI DRIVE  
City-State-Zip:    BONITA SPRINGS FL 34135