

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

DOCUMENT# N30791

**Entity Name:** AUDUBON COUNTRY CLUB ASSOCIATION, INC.

**Current Principal Place of Business:**

625 AUDUBON BLVD  
NAPLES, FL 34110

**Current Mailing Address:**

625 AUDUBON BLVD  
NAPLES, FL 34110 US

**FEI Number:** 65-0102934

**Certificate of Status Desired:** No

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

DE MENA, JOHN W  
625 AUDUBON BLVD  
NAPLES, FL 34110 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 PD  
Name DONLIN, PAUL  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

Title TD  
Name STEWART, JOHN  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

Title SD  
Name CRABTREE, PAUL  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

Title D  
Name FAULK, TERRY  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

Title D  
Name MILLER, DONNA  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

Title D  
Name LONG, CHARLES  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

Title VD  
Name LINIHAN, MICHAEL  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

Title D  
Name KLINE, FRANK  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

**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.*

**SIGNATURE:** PAUL DONLIN

**PRESIDENT**

**04/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            D  
Name            STRASSER, PAUL  
Address        625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110