

**2024 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

**FILED**  
**Apr 15, 2024**  
**Secretary of State**  
**8904172328CC**

**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:**

SEDDON, CHRISTIE  
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 DIRECTOR, PRESIDENT  
Name LAKEFIELD, JENNIFER  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR  
Name PETER, BERRY  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR  
Name MINNOCK, WILLIAM  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR, TREASURER  
Name YORK, JILL  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR  
Name RICKERT, LUANN  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR  
Name VICIAN, GLENN  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR, SECRETARY  
Name LARKIN, DANIEL  
Address 625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR  
Name STAHL, KENT  
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: JENNIFER LAKEFIELD**

**PRESIDENT**

**04/15/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, VP  
Name            RUUD, DOUG  
Address        625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110