

**2023 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**  
**Mar 23, 2023**  
**Secretary of State**  
**3661086727CC**

**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           RICHARDSON, JEFFREY  
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           TOMLIN, OLIVER  
Address        625 AUDUBON BLVD  
City-State-Zip: NAPLES FL 34110

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

Title           DIRECTOR, SECRETARY  
Name           LAKEFIELD, JENNIFER  
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: JEFFREY RICHARDSON**

**PRESIDENT**

**03/23/2023**

\_\_\_\_\_  
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