

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90058 002 ****61.25

DOCUMENT # 720227 1. Entity Name HENDERSON CREEK CLUB, INC.																																																																																																																	
Principal Place of Business 18 SONDERHEN CIRCLE NAPLES, FL 33961-5207			Mailing Address 7 HENDERSON DR NAPLES, FL 34114 US																																																																																																														
2. Principal Place of Business State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.																																																																																																															
City & State		City & State																																																																																																															
Zip	Country	Zip	Country																																																																																																														
4. FEI Number 59-1398677			Applied For ☐ Not Applicable																																																																																																														
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																																																																																																														
6. Name and Address of Current Registered Agent GREEN, MARY JO 7 HENDERSON DR NAPLES, FL 34114			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																														
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when existing) DATE:																																																																																																																	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																													
Make check payable to Florida Department of State																																																																																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">ST</td> <td style="width: 15%;">☐ Delete</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">GREEN, MARY JO</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">7 HENDERSON DR.</td> <td style="width: 15%;">CITY-STATE-ZIP</td> <td style="width: 15%;">NAPLES, FL 34114</td> </tr> <tr> <td>TITLE</td> <td>P</td> <td>☐ Delete</td> <td>NAME</td> <td>GALLUCCI, GARY</td> <td>STREET ADDRESS</td> <td>12 CREEK CR</td> <td>CITY-STATE-ZIP</td> <td>NAPLES, FL 34114</td> </tr> <tr> <td>TITLE</td> <td>V</td> <td>☒ Delete</td> <td>NAME</td> <td>FROUT, HAROLD</td> <td>STREET ADDRESS</td> <td>19 CREEK CIR</td> <td>CITY-STATE-ZIP</td> <td>NAPLES, FL 34114</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ Delete</td> <td>NAME</td> <td>KOEHLER, DENNIS</td> <td>STREET ADDRESS</td> <td>25 CREEK CIR</td> <td>CITY-STATE-ZIP</td> <td>NAPLES, FL 34114</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☒ Delete</td> <td>NAME</td> <td>JACOB, OLIVER</td> <td>STREET ADDRESS</td> <td>70 HENDERSON DR</td> <td>CITY-STATE-ZIP</td> <td>NAPLES, FL 34114</td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>VP</td> <td>☐ Change ☒ Addition</td> <td>NAME</td> <td>YODICKA, Janet</td> <td>STREET ADDRESS</td> <td>35 Henderson Dr.</td> <td>CITY-STATE-ZIP</td> <td>Naples, FL 34114</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ Change ☒ Addition</td> <td>NAME</td> <td>Paul Colvin</td> <td>STREET ADDRESS</td> <td>10 Derhenson Dr.</td> <td>CITY-STATE-ZIP</td> <td>Naples, FL 34114</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ Change ☒ Addition</td> <td>NAME</td> <td>Ann Quinn</td> <td>STREET ADDRESS</td> <td>15 Derhenson Dr.</td> <td>CITY-STATE-ZIP</td> <td>Naples, FL 34114</td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>☒ Change ☐ Addition</td> <td>NAME</td> <td>Kochler, Dennis</td> <td>STREET ADDRESS</td> <td>25 Creek Cir.</td> <td>CITY-STATE-ZIP</td> <td>Naples, FL 34114</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ Change ☒ Addition</td> <td>NAME</td> <td>Carl Reed</td> <td>STREET ADDRESS</td> <td>42 Sonderhen Dr</td> <td>CITY-STATE-ZIP</td> <td>Naples, FL 34114</td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>						TITLE	ST	☐ Delete	NAME	GREEN, MARY JO	STREET ADDRESS	7 HENDERSON DR.	CITY-STATE-ZIP	NAPLES, FL 34114	TITLE	P	☐ Delete	NAME	GALLUCCI, GARY	STREET ADDRESS	12 CREEK CR	CITY-STATE-ZIP	NAPLES, FL 34114	TITLE	V	☒ Delete	NAME	FROUT, HAROLD	STREET ADDRESS	19 CREEK CIR	CITY-STATE-ZIP	NAPLES, FL 34114	TITLE	D	☐ Delete	NAME	KOEHLER, DENNIS	STREET ADDRESS	25 CREEK CIR	CITY-STATE-ZIP	NAPLES, FL 34114	TITLE	D	☒ Delete	NAME	JACOB, OLIVER	STREET ADDRESS	70 HENDERSON DR	CITY-STATE-ZIP	NAPLES, FL 34114	TITLE		☐ Delete	NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE	VP	☐ Change ☒ Addition	NAME	YODICKA, Janet	STREET ADDRESS	35 Henderson Dr.	CITY-STATE-ZIP	Naples, FL 34114	TITLE	D	☐ Change ☒ Addition	NAME	Paul Colvin	STREET ADDRESS	10 Derhenson Dr.	CITY-STATE-ZIP	Naples, FL 34114	TITLE	D	☐ Change ☒ Addition	NAME	Ann Quinn	STREET ADDRESS	15 Derhenson Dr.	CITY-STATE-ZIP	Naples, FL 34114	TITLE	VP	☒ Change ☐ Addition	NAME	Kochler, Dennis	STREET ADDRESS	25 Creek Cir.	CITY-STATE-ZIP	Naples, FL 34114	TITLE	D	☐ Change ☒ Addition	NAME	Carl Reed	STREET ADDRESS	42 Sonderhen Dr	CITY-STATE-ZIP	Naples, FL 34114	TITLE		☐ Change ☐ Addition	NAME		STREET ADDRESS		CITY-STATE-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other file empowered.																																																																																																																	
SIGNATURE: <u>Mary Jo Green</u> MARY JO GREEN 2/15/05 239-774-6963 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #																																																																																																																	