

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 21, 2008
Secretary of State

DOCUMENT# 721246

Entity Name: GLADES GOLF AND COUNTRY CLUB, INC.**Current Principal Place of Business:**174 TERYL ROAD
NAPLES, FL 34112 US**New Principal Place of Business:****Current Mailing Address:**174 TERYL ROAD
NAPLES, FL 34112 US**New Mailing Address:****FEI Number:** 59-2310817**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BURGER, AUDIE
174 TERYL RD
NAPLES, FL 34112 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:**Title:** SD () Delete
Name: WESBEY, GEORGE
Address: 195 HARRISON RD #2
City-St-Zip: NAPLES, FL 34112**Title:** PD () Delete
Name: CLANCY, TED
Address: 262 CANDY CIR LN #4
City-St-Zip: NAPLES, FL 34112**Title:** VD () Delete
Name: PAVNYSHIN, NANCY
Address: 255 MEMORY LN #1
City-St-Zip: NAPLES, FL 34112**Title:** TD () Delete
Name: SCATTERY, KEVIN
Address: 141 LOLLYPOP LN #2
City-St-Zip: NAPLES, FL 34112**Title:** SD (X) Delete
Name: MARUDER, DUAINE
Address: 200 QUAIL NEST RD #2
City-St-Zip: NAPLES, FL 34112**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** SD (X) Change () Addition
Name: MARUDER, DUAINE
Address: 200 QUAIL NEST RD #2
City-St-Zip: NAPLES, FL 34112**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
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City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THEODORE CLANCE

PD

11/21/2008

Electronic Signature of Signing Officer or Director

Date