

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721246

FILED
Apr 30, 2009
Secretary of State

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: MARUDER, DUANE
Address: 200 QUAIL NEST 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: KRAEMER, MARIE
Address: 224 ALBI ROAD #3
City-St-Zip: NAPLES, FL 34112

Title: PD (X) Change () Addition
Name: PAVLYSHIN, NANCY
Address: 255 MEMORY LANE #1
City-St-Zip: NAPLES, FL 34112

Title: VD (X) Change () Addition
Name: RAPPUHN, RALPH
Address: 119 PENNY LANE #2
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Change () Addition
Name: SLATTERY, KEVIN
Address: 141 LOLLYPOP LN #2
City-St-Zip: NAPLES, FL 34112

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: NANCY PAVLYSHIN

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date