## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 20, 2007 8:00 am Secretary of State

|  | ANNOAL   | Se  | Secretary of State   |   |   |                                    |            |
|--|--|---|--|---|---|------------------------------------|------------|
| DOCUN  | MENT # 743052  |   | 1 W  | 2668.   | -20-2007 90057 0  |                                    |            |
|  | INES CLUB, INC.  |   |  |   |   |                                    |            |
| Principal Place of Business<br>25802,04,06,08 AND 25810 COCKLESHELL DR.<br>BONITA SPRINGS, FL 34133 US |  | Mailing Address %REALTY SERVICES PROPERTY MANAGEMENT ATTN: CRAIG VALENTINE, 2525 PARKWAY ST. FT. MYERS, FL 33567— |  | 31.   | 11111 <b>8 8 18:</b> 8 8 18 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8                   | 11 81½ 8½ 8½ 8½ 8±8±1 <b>3</b> (8) | 1  11   11 |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address<br>C/O DEAVERS SILMAN + Plynd  |  | <del></del>   |   |                                    |            |
| Suite, Apt. #, etc.  |  | C/O SEAVERS SIXMAN & Plynd<br>Suite, Apt. #, etc.<br>3920 YIA DEL REY #3  |  | 08012007 CH   | ng-NP CR2E  | 037 (12/06)                        |            |
| City & State   |  | Bonita Spring, FL   |  | 4. FEI Number 59-190842   | 4. FEI Number         Applied For           59-1908421         Not Applicable |                                    |            |
| Zip  | Country  | 34134   | Country<br>USA   | 5. Certificate of St  |   | \$8.75 Add<br>Fee Required         |            |
|  | 6. Name and Address of Current   | Registered Agent  | Name   | 7. Name and Address of New Registered Agent   |   |                                    |            |
|  | HERBERT<br>CKLSHELL DRIVE #218<br>PRINGS, FL 34135   |   | Street Ac  | idress (P.O. Box Number is Not Acceptable)  |   |                                    |            |
|  |  |   | City   | City FL Zip Code  |   |                                    |            |
|  | named entity submits this statement forms of registered agent.   | or the purpose of changing its  | s registered office or   | registered agent, or both, in   | the State of Florida. 1 ar  | n familiar with,                   | and accept |
| SIGNATURE _  | Signature, typed or printed name of registered agen  | and title if applicable. (NO)   | IE Registered Agent signatu  | re required when reinstating)   | DATE  |                                    |            |
|  | Filing Fee is \$61.25<br>to by September 14, 2007  |   | 9. Election Campaign Financing Trust Fund Contribution.  |   | \$5.00 May Be Added to Fees Hake check payable to Florida Department of State |                                    |            |
| 10.  | OFFICERS AND D   | BECTORS   | 11.  | ADDITIONS/CHANG   | ES TO OFFICERS AND I  | DIRECTORS IN                       | 10         |
| TITLE<br>NAME<br>STREET ADDRESS  | S<br>LUNDGREN, LAURIE<br>10171 OAK HOLLOW CT   | <b>☑</b> Delete   | TITLE<br>NAME<br>STREET ADDRESS  | Seouler, William<br>25806 Cockleshe<br>Bonita Springs,  | 11 br 4212  | Change                             | Addition   |
| CITY-ST-ZIP TITLE NAME   | D WAGEMAN, JAMES   | Delete  | CITY-ST-ZIP  | KANIAN VALAR I  | FC 29135  |                                    |            |
| STREET ADDRESS   | TTAGEMAN, JAMES  | L <b>▼</b> r Delete   | TITLE<br>NAME  | VP  |   | ☐ Change                           | Addition   |
| CITY-ST-ZIP  | 25810 COCKLESHELL #212<br>BONITA SPRINGS, FL 34135   | LET Detere  |  |   | e// br 40/12  | ☐ Change                           | Addition   |
| CITY-ST-ZIP THTLE NAME   | 25810 COCKLESHELL #212<br>BONITA SPRINGS, FL 34135<br>T<br>NELSON, HERBERT   | ☐ Delete  | NAME<br>STREET ADDRESS   | FOLK DAN<br>25806 COLLIESK  | e// br 40/12  | ☐ Change                           | Addition   |
| THILE  | 25810 COCKLESHELL #212<br>BONITA SPRINGS, FL 34135<br>T  |   | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | POLK BAND<br>25806 COLLIESE<br>Bonith Springs,  | e// Br #c//2.<br>FL 34/35   | ·                                  | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | 25810 COCKLESHELL #212<br>BONITA SPRINGS, FL 34135<br>T<br>NELSON, HERBERT<br>25806 COCKLESHELL #218<br>BONITA SPRINGS, FL 34135<br>VP<br>SCOULER, WILLIAM   |   | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | FOLK DAN<br>25806 COLLIESK  | e// Br #c/12.<br>FL 34135   | ☐ Change                           |            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | 25810 COCKLESHELL #212<br>BONITA SPRINGS, FL 34135<br>T<br>NELSON, HERBERT<br>25806 COCKLESHELL #218<br>BONITA SPRINGS, FL 34135<br>VP   | ☐ Delete  | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | POLK DAN<br>25806 COLLIESE<br>BONITH Springs,<br>DEILBERT RIC<br>25808 COLKE<br>BONITA SPRIM                                | ell Br. #cliz<br>Fl 34135<br>THARD<br>ESHELL DR #                             | Change                             | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | 25810 COCKLESHELL #212<br>BONITA SPRINGS, FL 34135<br>T<br>NELSON, HERBERT<br>25806 COCKLESHELL #218<br>BONITA SPRINGS, FL 34135<br>VP<br>SCOULER, WILLIAM<br>25806 COCKLESHELL #212   | ☐ Delete  | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | POLK DAN<br>25806 COLLIESE<br>BONITH Springs,<br>DEILBERT RIC<br>25808 COLEL<br>BONITA SPRIA<br>VIC DESONGE                 | EN IN #C112<br>FL 34135<br>HARD<br>ESHEXL DR #                                | Change                             | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | 25810 COCKLESHELL #212<br>BONITA SPRINGS, FL 34135<br>T<br>NELSON, HERBERT<br>25806 COCKLESHELL #218<br>BONITA SPRINGS, FL 34135<br>VP<br>SCOULER, WILLIAM<br>25806 COCKLESHELL #212<br>BONITA SPRINGS, FL 34135<br>P<br>HALTERMAN, ALLEN<br>7905 E FOXBORO DR | ☐ Delete  | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | POLK DAN<br>25806 COLLIESE<br>BONITH Springs,<br>DEILBERT RIC<br>25808 COLLE<br>BONITA SPRIN<br>VIE DESENGE<br>25808 COLKLE | EN Dr. 40112. FL 34135  THARD ESTIENT DR # 165, FL, 3413                      | Change Change Change Change        | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                 | 25810 COCKLESHELL #212<br>BONITA SPRINGS, FL 34135<br>T<br>NELSON, HERBERT<br>25806 COCKLESHELL #218<br>BONITA SPRINGS, FL 34135<br>VP<br>SCOULER, WILLIAM<br>25806 COCKLESHELL #212<br>BONITA SPRINGS, FL 34135<br>P<br>HALTERMAN, ALLEN                      | ☐ Delete  | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP    | POLK DAN<br>25806 COLLIESE<br>BONITH Springs,<br>DEILBERT RIC<br>25808 COLEL<br>BONITA SPRIA<br>VIC DESONGE                 | EN Dr. 40112. FL 34135  THARD ESTIENT DR # 165, FL, 3413                      | Change Change Change Change        | ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE

D. Liebert Helron Ensurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

aug. 7, 2007

847-729-7769