

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90051 034 \*\*\*\*70.00

**DOCUMENT # 768537**

1. Entity Name  
**GOLDEN GATE AERIE 4028, FRATERNAL ORDER OF  
EAGLES, INC.**



Principal Place of Business  
**4111 GREEN BLVD  
NAPLES, FL 34116 US**

Mailing Address  
**4111 GREEN BLVD  
NAPLES, FL 34116 US**

90000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2263083**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTH, DONALD E  
5605 PAINTED LEAF LANE  
NAPLES, FL 34116**

Name

Street Address (P.O. Box Number is Not Acceptable)

**132 Lady Palm Drive**

City

**Naples**

**FL**

Zip Code

**34104-6454**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **TERRY, W. STEVE**  
STREET ADDRESS **5048 27TH PL SW**  
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **NEWTON, ROBERT A**  
STREET ADDRESS **1875 21ST STREET SW**  
CITY-ST-ZIP **NAPLES, FL 34117**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **CRISS, JOE III**  
STREET ADDRESS **4803 TEAKWOOD DR**  
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **CLESEN, KENNETH SR.**  
STREET ADDRESS **5480 12TH AVE. SW**  
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE ☐ Change ☒ Addition  
NAME **Alan G. Donovan**  
STREET ADDRESS **3450 White Blvd.**  
CITY-ST-ZIP **Naples, FL 34117**

TITLE **D** ☐ Delete  
NAME **BOWMAN, RICHARD C.**  
STREET ADDRESS **5330 HICKORY WOOD DRIVE**  
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **SEXTON, FREDERICK L.**  
STREET ADDRESS **5100 19TH COURT SW**  
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE ☐ Change ☒ Addition  
NAME **Lynn Alan Daffron**  
STREET ADDRESS **3765 13th Ave. S.W.**  
CITY-ST-ZIP **Naples, FL 34117**

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:

*Donald E. Roth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 12, 2007*

Date

*239-455-1256*

Daytime Phone #