

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**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**



01262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2263083</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ROTH, DONALD E  
132 LADY PALM DRIVE  
NAPLES, FL 34104-6454**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000803441

02/08/08-80021-023 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERRY, W. STEVE 5048 27TH PL SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWTON, ROBERT A 1875 21ST STREET SW NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRISS, JOE III 4803 TEAKWOOD DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONOVAN, ALAN G 3450 WHITE BLVD NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, RICHARD C. 5330 HICKORY WOOD DRIVE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAFFRON, LYNN A 3765 13TH AVE SW NAPLES, FL 34117

**DO NOT WRITE  
IN THIS SPACE**

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 - Donald E. Roth  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08 239-455-4256  
Date Daytime Phone #