

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90014 006 \*\*\*\*61.25

**DOCUMENT # N04000004220**

1. Entity Name  
CAPE COD NATIONAL GOLF FOUNDATION, INC.



Principal Place of Business  
1345 SPYGLASS LANE  
NAPLES, FL 34102

Mailing Address  
1345 SPYGLASS LANE  
NAPLES, FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142005 Chg-NP CR2E037 (10/03)

4. FEI Number  
56-2464767

Applied For  
Not Applicable

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

PFEFFER, JOHN R  
1345 SPYGLASS LANE  
NAPLES, FL 34102

Name

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

City

FL

Zip Code

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, 2005**

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

TITLE ☐ Delete  
NAME John R. Pfeffer  
STREET ADDRESS 1345 SPYGLASS LN.  
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Delete  
NAME VICE PRES. + DIRECTOR  
NAME Melinda B. Pfeffer  
STREET ADDRESS 1345 SPYGLASS LN  
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Delete  
NAME Secy. + TRCS. + DIRECTOR  
NAME DOUGLAS J. Pfeffer  
STREET ADDRESS 3 Cove LANDING  
CITY-ST-ZIP HARWICH, MA 02645

TITLE ☐ Delete  
NAME DIRECTOR  
NAME WM. ENLOW, ESQ.  
STREET ADDRESS 1034 WOODLAND AVE.  
CITY-ST-ZIP SPRINGFIELD, IL 62704

TITLE ☐ Delete  
NAME DIRECTOR  
NAME Steven S. Pfeffer, ESQ.  
STREET ADDRESS 15018 South 19th Way  
CITY-ST-ZIP PHOENIX, AZ 85048

TITLE ☐ Delete  
NAME DIRECTOR  
NAME THOMAS B. Pfeffer  
STREET ADDRESS 169 ALBANY AVE  
CITY-ST-ZIP KINGSTON, NY 12401

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME DIRECTOR  
NAME MELINDA P. BEACH  
STREET ADDRESS 1177 QUINCY RD.  
CITY-ST-ZIP RUMNEY, NH 03266

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*John R. Pfeffer* JOHN R. PFEFFER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-05 (239) 435-9114  
Date Daytime Phone #