

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004220

FILED
Feb 12, 2009
Secretary of State

Entity Name: CAPE COD NATIONAL GOLF FOUNDATION, INC.

Current Principal Place of Business:

1100 5TH AVE S STE 201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1100 5TH AVE S STE 201
NAPLES, FL 34102

New Mailing Address:

FEI Number: 56-2464767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENLOW, WILLIAM R
1851 GULF SHORE BLVD N STE 203
NAPLES, FL 34102 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: PD () Delete
Name: PFEFFER, JOHN R
Address: 1345 SPYGLASS LN
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: ENLOW, WILLIAM R
Address: 1851 GULF SHORE BLVD N STE 203
City-St-Zip: NAPLES, FL 34102

Title: STD () Delete
Name: PFEFFER, DOUGLAS J
Address: 3 COVE LANDING
City-St-Zip: HARWICH, MA 02645

Title: D () Delete
Name: PFEFFER, STEVEN S ESQ
Address: 15018 S 19TH WAY
City-St-Zip: PHOENIX, AZ 85048

Title: D () Delete
Name: PFEFFER, THOMAS B
Address: 169 ALBANY AVE
City-St-Zip: KINGSTON, NY 12401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN R. PFEFFER

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date