

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90031 038 \*\*\*\*61.25

**DOCUMENT # N04000010249**

1. Entity Name  
**WINDERMERE COUNTRY CLUB FOUNDATION, INC.**



Principal Place of Business  
**2710 BUTLER BAY DRIVE NORTH  
WINDERMERE, FL 34786**

Mailing Address  
**2710 BUTLER BAY DRIVE NORTH  
WINDERMERE, FL 34786**

**40111713**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07182008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**14-1908881**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**GUSTAFSON, JOE  
13559 BANANA BAY DRIVE  
WINTER GARDEN, FL 34787**

## 7. Name and Address of New Registered Agent

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 September 12, 2008**

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 **DC** ☐ Delete  
NAME **GUSTAFSON, JOE**  
STREET ADDRESS **13559 BANANA BAY DRIVE**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **VC** ☒ Delete  
NAME **HIGHTOWER, KIM**  
STREET ADDRESS **18914 LAKE ROBERTS COURT**  
CITY-ST-ZIP **WINDERMERE, FL 34789**

TITLE **S** ☒ Delete  
NAME **FULTZ, JERRY**  
STREET ADDRESS **132 CALLIOPE STREET**  
CITY-ST-ZIP **OCOCHEE, FL 34761**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **NO CHANGE**

TITLE ☐ Change ☐ Addition  
NAME **VICE CHAIRPERSON**  
STREET ADDRESS **TERESA BARR**  
CITY-ST-ZIP **109 BAYVIEW DRIVE**  
**OCOCHEE, FLORIDA 34761**

TITLE ☒ Change ☐ Addition  
NAME **SECRETARY TREASURER**  
STREET ADDRESS **WILLIE BONNER**  
CITY-ST-ZIP **12807 BUTLER BAY COURT**  
**WINDERMERE FLORIDA 34786**

TITLE ☐ Change ☒ Addition  
NAME **BOARD MEMBER**  
STREET ADDRESS **MARC GIUSEPPI**  
CITY-ST-ZIP **2710 BUTLER BAY DRIVE NORTH**  
**WINDERMERE, FL 34786**

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

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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/16/08**

Date

**407-654-9004**

Daytime Phone #