

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29878

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** AUDUBON COUNTRY CLUB FOUNDATION, INC.

**Current Principal Place of Business:**

15725 TAMIAMI TR N  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

15725 TAMIAMI TR N  
NAPLES, FL 34110 US

**New Mailing Address:**

**FEI Number:** 65-0102932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF  
999 VANDERBILT BEACH ROAD  
SUITE 501  
NAPLES, FL 34108 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: P ( ) Delete  
Name: MORROW, JOSEPH  
Address: 340 CHANCERY CIR  
City-St-Zip: NAPLES, FL 34110

Title: V ( ) Delete  
Name: JOHNSON, MICHAEL  
Address: 768 ASHBURTON DR  
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete  
Name: ECKHART, CAROLYN  
Address: 15508 WHITNEY LANE  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: O'HARE, HUGH  
Address: 755 SAINT GEORGE'S CT  
City-St-Zip: NAPLES, FL 34110

Title: T ( ) Delete  
Name: FARRELL, NEAL F  
Address: 569 PORTSMOUTH CRT  
City-St-Zip: NAPLES, FL 34110

**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: D (X) Change ( ) Addition  
Name: CANNON, FRANK SR  
Address: 15307 DEVON GREEN LANE  
City-St-Zip: NAPLES, FL 34110

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: CHARLOTTE GREEN, CAM

GM

04/09/2009

Electronic Signature of Signing Officer or Director

Date