
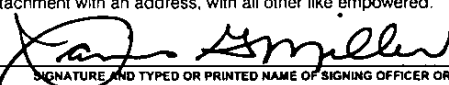


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90125 041 \*\*\*\*61.25

<b>DOCUMENT # N30791</b> 1. Entity Name <b>AUDUBON COUNTRY CLUB ASSOCIATION, INC.</b>					
Principal Place of Business <b>625 AUDUBON BLVD</b> <b>NAPLES, FL 34110 US</b>			Mailing Address <b>625 AUDUBON BLVD</b> <b>NAPLES, FL 34110 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0102934</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DE MENA, JOHN W</b> <b>625 AUDUBON BLVD</b> <b>NAPLES, FL 34110</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code         </span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MILLER, JAMES</b> <b>625 AUDUBON BLVD</b> <b>NAPLES, FL 34110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WALKER, MARVIN</b> <b>625 AUDUBON BLVD</b> <b>NAPLES, FL 34110</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MUSE, KAREN</b> <b>625 AUDUBON BLVD</b> <b>NAPLES, FL 34110</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CONRAD, HERB</b> <b>625 AUDUBON BLVD</b> <b>NAPLES, FL 34110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>YD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAKEFIELD, BRUCE</b> <b>625 AUDUBON BLVD</b> <b>NAPLES, FL 34110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DAMUTH, DON</b> <b>625 AUDUBON BLVD</b> <b>NAPLES, FL 34110</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>bd</b> <b>MEIER, CHARLES</b> <b>625 AUDUBON BLVD</b> <b>NAPLES, FL 34110</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CANNON, FRANK</b> <b>625 AUDUBON BLVD</b> <b>NAPLES, FL 34110</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pd</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>4-4-08</b> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT  
40080661

AUDUBON COUNTRY CLUB ASSOCIATION, INC.  
2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT  
DOCUMENT # N30791  
ATTACHMENT FOR 2008

Listing of three additional directors (total of nine):

TITLE	D
NAME	HUSSEY, VICTOR
STREET ADDRESS	625 AUDUBON BLVD
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	D
NAME	MIRKA, JANE
STREET ADDRESS	625 AUDUBON BLVD
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	D
NAME	JEFFREY, CHARLES
STREET ADDRESS	625 AUDUBON BLVD
CITY-ST-ZIP	NAPLES, FL 34110