

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39323 (3)**

1. Corporation Name

**EMBASSY WOODS GOLF AND COUNTRY CLUB AT BRETONNE
PARK MASTER ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

C/O SANDRA PENN
PO BOX 10378
NAPLES FL 33941

C/O SANDRA PENN
PO BOX 10378
NAPLES FL 33941

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

08/01/1990

04/07/1994

4. FEI Number

65-0217318

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 2375 N TAMiami TRAIL

26 2375 N TAMiami TRAIL

22 SUITE 300

27 SUITE 300

City & State

City & State

23 NAPLES, FL

28 NAPLES, FL

24 Zip 33940

Country 25 USA

29 Zip 33940

Country 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IT'S MANAGING, INC.
2124 AIRPORT RD SOUTH
SUITE 103
NAPLE FL 33962

81 Name
ELI BARON

82 Street Address (P.O. Box Number is Not Acceptable)
2375 N TAMiami TRAIL

83 SUITE 300

84 City
NAPLES

FL

85 Zip Code
33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title / applicant)

(8431) Registered Agent signature required when registering

(DATE)

4-28-94

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARON, ELI
STREET ADDRESS	2375 TAMiami TRAIL NO
CITY ST ZIP	NAPLES FL
TITLE	D
NAME	MEADVIN, KENNETH R.
STREET ADDRESS	2375 TAMiami TRAIL, #300
CITY ST ZIP	NAPLES FL
TITLE	D
NAME	DUCKWALL, BARBARA DELETE
STREET ADDRESS	2375 TAMiami TRAIL N #300
CITY ST ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with it in address.

SIGNATURE:

Joseph M. Newberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-94

(Date)

813 262 6777

(Telephone Area #)