

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # N95000004349**

1. Entity Name

COLLIER COUNTY 10-13 CLUB, INC.



**FILED**  
**Aug 29, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business

4587 CHIPPENDALE DR.  
NAPLES FL 34112

Mailing Address

4587 CHIPPENDALE DR.  
NAPLES FL 34112

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

2nd MOORE

CR2E037 (4/08)

4. FEI Number

65-0631692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOSCIUSKO, CHARLES  
4587 CHIPPENDALE DR.  
NAPLES FL 34112

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 re-stating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 3, 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 VP ☐ Delete  
NAME BUTTERWORTH, WILLIAM  
STREET ADDRESS 7675 GROVES RD  
CITY-ST-ZIP NAPLES FL 34109

TITLE T ☐ Delete  
NAME CANDITO, FRANK  
STREET ADDRESS 802 PINESIDE LN  
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☐ Delete  
NAME MAXWELL, BOB  
STREET ADDRESS 188 FURSE LKS CIR #G6  
CITY-ST-ZIP NAPLES FL 34104

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 000000958641  
CITY-ST-ZIP 08/29/08-80006-003 61.25

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

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

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

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:

8/25/08 239860-1923