

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90018 050 ****61.25

DOCUMENT # N96000005062

1. Entity Name
BIG CYPRESS GOLF AND COUNTRY CLUB ESTATES
HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business **Mailing Address**
~~C/O GEORGE ADAMS~~ ~~P.O. BOX 10424~~ ~~C/O GEORGE ADAMS~~ ~~P.O. BOX 10424~~
~~231 BURNING TREE DR.~~ ~~NAPLES~~ ~~231 BURNING TREE DR.~~ ~~NAPLES~~
~~NAPLES, FL 34105~~ ~~US~~ ~~FL 34101~~ ~~NAPLES, FL 34105~~ ~~US~~ ~~FL 34101~~

50004975



2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

03202006 Chg-NP CR2E037 (11/05)

4. FEI Number **Applied For**
65-0252952 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~BLUM, SYDNEY E~~ ~~JOHN R WOLSKI~~
~~237 BURNING TREE DRIVE~~ ~~PO BOX 10424~~
~~NAPLES, FL 34105~~ ~~NAPLES, FL 34101~~

7. Name and Address of New Registered Agent
Name **JOHN R WOLSKI**
Street Address (P.O. Box Number is Not Acceptable) **21 CYPRESS POINT DRIVE**
City **NAPLES** **FL** **Zip Code** **34105**

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 JOHN R WOLSKI MARCH 22, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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	D	<input checked="" type="checkbox"/> Delete
NAME	GODLEY, GARY	
STREET ADDRESS	213 BURNING TREE DR.	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BLUM, SYDNEY	
STREET ADDRESS	237 BURNING TREE DR	
CITY-ST-ZIP	NAPLES, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, GEORGE	
STREET ADDRESS	231 BURNING TREE DR	
CITY-ST-ZIP	NAPLES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYKINS, CHARLES	
STREET ADDRESS	307 MEL JEN DR	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD L RULKER	
STREET ADDRESS	72 CYPRESS POINT DRIVE	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN R WOLSKI	
STREET ADDRESS	21 CYPRESS POINT DRIVE	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD T FINIGAN	
STREET ADDRESS	293 MEL JEN DRIVE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY HARTWIG	
STREET ADDRESS	256	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY HARTWIG	
STREET ADDRESS	256 BURNING TREE DRIVE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: RICHARD T FINIGAN Richard T Finigan MARCH 22, 2006 239-571-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #