

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90021 002 \*\*\*\*61.25

**DOCUMENT # N97000000304**

1. Entity Name  
**THE P.O.L.O. CLUB OF COLLIER COUNTY, INC.**



Principal Place of Business  
P.O. BOX 182  
NAPLES, FL 34106

Mailing Address  
P.O. BOX 182  
NAPLES, FL 34106

**54010871**



01052004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0710944**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ESMOND, ROB**  
**1381 WILDWOOD LAKES BLVD #7**  
**NAPLES, FL 34104**

**7. Name and Address of New Registered Agent**

Name **Katherine Ann Schweikhardt**  
Street Address (P.O. Box Number is Not Acceptable)  
**900 Sixth Avenue South, Suite 203**  
City **Naples** FL Zip Code **34102**

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 *K. Schweikhardt* **Katherine Ann Schweikhardt** **02/11/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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 **PD** ☒ Delete  
NAME **VAN BUSKIRK, FRANCIE**  
STREET ADDRESS **710 LAIGUE CIR #906**  
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **VD** ☐ Delete  
NAME **BEDI, MATT**  
STREET ADDRESS **P.O. BOX 11132**  
CITY-ST-ZIP **NAPLES, FL 34101**

TITLE **TD** ☐ Delete  
NAME **RETTEEN, DEBBIE**  
STREET ADDRESS **412 VIA CARMEN**  
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **SD** ☒ Delete  
NAME **WRIGHT, KELLY**  
STREET ADDRESS **1961 TIMARRON WAY**  
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **PPD** ☒ Delete  
NAME **JONES, GAVIN**  
STREET ADDRESS **168 PALM DRIVE #2**  
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **President** ☐ Change ☒ Addition  
NAME **Schweikhardt, Katie**  
STREET ADDRESS **900 Sixth Avenue South, Suite 203**  
CITY-ST-ZIP **Naples, FL 34102**

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

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **Retten, Debbie**  
STREET ADDRESS **412 Via Carmen**  
CITY-ST-ZIP **Naples, FL 34105**

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 exemption stated in Section 119.07(3)(i), 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: *K. Schweikhardt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/04 (239) 262-2227**  
Date Daytime Phone #