

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007068

**Entity Name:** VASARI COUNTRY CLUB MASTER ASSOCIATION, INC.**Current Principal Place of Business:**11250 VIA DE VASARI DRIVE  
BONITA SPRINGS, FL 34135**Current Mailing Address:**11250 VIA DE VASARI DRIVE  
BONITA SPRINGS, FL 34135 US**FEI Number:** 65-1050022**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEACH, KYLE G  
11250 VIA DE VASARI DRIVE  
BONITA SPRINGS, FL 34135 US*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.***SIGNATURE:** KYLE G. BEACH

01/22/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            O'CONNELL, PAUL  
Address        11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title            TREASURER, DIRECTOR  
Name            MEYER, ARNOLD CORYDON  
Address        11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title            DIRECTOR  
Name            ADKINSON, DAVE  
Address        11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title            SECRETARY, DIRECTOR  
Name            JORGENSEN, DIANE  
Address        11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title            DIRECTOR  
Name            WEBSTER, STEVEN  
Address        11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title            GENERAL MANAGER/COO-DIRECTOR  
Name            BEACH, KYLE G  
Address        11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title            DIRECTOR  
Name            FUSCO, TIMOTHY  
Address        11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title            DIRECTOR, VICE PRESIDENT  
Name            MENSCH, MICHAEL  
Address        11250 VIA DE VASARI DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KYLE G. BEACHGENERAL  
MANAGER/COO

01/22/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                RIEGLE, JON  
Address             11250 VIA DE VASARI DRIVE  
City-State-Zip:    BONITA SPRINGS FL 34135

Title                 DIRECTOR  
Name                SHEEHY, JIM  
Address             11250 VIA DE VASARI DRIVE  
City-State-Zip:    BONITA SPRINGS FL 34135