

2020 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:** Yes**Name and Address of Current Registered Agent:**GOEDE, ADAMCZYK, DEBOEST & CROSS, PLLC
8950 FONTANA DEL SOL WAY - FIRST FLOOR
NAPLES, FL 34109 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name TAUB, KATHY S
Address 11250 VIA DE VASARI DRIVE
City-State-Zip: BONITA SPRINGS FL 34135

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

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

Title VP, DIRECTOR
Name OSBORNE, BRUCE
Address 11250 VIA DE VASARI DRIVE
City-State-Zip: BONITA SPRINGS FL 34135

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

Title DIRECTOR
Name RONALD, KOHN
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: STEVE MALVINNI**COO-DIRECTOR****01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title COO-DIRECTOR
Name MALVINNI, STEVE
Address 11250 VIA DE VASARI DRIVE
City-State-Zip: BONITA SPRINGS FL 34135