

**2019 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            COWGER, BECKY  
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

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*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****04/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                DUNCAN, ROBERT  
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