2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# 705901

Entity Name: SOLUTIA GOLF ASSOCIATION, INC.

Current Principal Place of Business:

2365 OLD CHEMSTRAND RD
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

P O BOX 1087
GONZALEZ, FL 32560 US

New Mailing Address:

FEI Number: 59-2150685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHN H CHILDS, JR
2365 OLD CHEMSTRAND RD
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	HECHT, JOSEPH S	
Address:	1028 FLEMING DRIVE	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	SD	( ) Delete
Name:	LEE, JAMES A	
Address:	10081 HOLSBERRY LANE	
City-St-Zip:	PENSACOLA, FL 32534	
Title:	P	( ) Delete
Name:	DAVID, ROBINSON W	
Address:	4090 AIKEN RD	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	VP	( ) Delete
Name:	DANIELS, KENNETH J	
Address:	3796 HWY 29N	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	D	( ) Delete
Name:	CLEARY, ROBERT M	
Address:	1404 TEMPLEMORE DRIVE	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	D	( ) Delete
Name:	PRICE, ROY B SR	
Address:	2519 SOUTHERN OAKS DRIVE	
City-St-Zip:	CANTONMENT, FL 32533	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID ROBINSON P 04/16/2008

Electronic Signature of Signing Officer or Director — Date