~~ANNUAL REPORT~~ CORPORATION (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90047 003 ****69.25

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DOCUMENT # 706234

1. Entity Name

FLORIDA TURFGRASS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3008 E ROBINSON ST ORLANDO FL 32803 US	3008 E ROBINSON ST ORLANDO FL 32803 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0915813 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BOSTON, SHERRI~~ Susan M. Feeney ~~3008 E ROBINSON ST~~ ORLANDO FL 32803	Name Susan M. Feeney Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Susan M Feeney
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BDL JAN, JAN 17755 SE FEDERAL HWY TEQUESTA FL 33469	☐ Delete	BDL jan, JAN	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	UP WELLS, TOM 320 3RD ST SW WINTER HAVEN FL 33880	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TAYLOR, MATT PO BOX 7039 NAPLES FL 34101	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEENE, CHARLES II 7300 SW 35TH WAY GAINESVILLE FL 32608	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLOVER, KEN 3125 WINDSOR BLVD VERO BEACH FL 32963	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATTS, RICK 2226 NE 10TH ST OCALA FL 34470	☐ Delete		☐ Change ☐ Addition

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: Susan M. Feeney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #