2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006
Secretary of State

DOCUMENT# 706234

Entity Name: FLORIDA TURFGRASS ASSOCIATION, INC.

Current Principal Place of Business:

5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 104
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 104
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 59-0915813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FEENEY, SUSAN M
5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 104
ORLANDO, FL 32810 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: P ( ) Delete
Name: WELLS, THOMAS R
Address: 320 3RD STREET SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: V ( ) Delete
Name: TAYLOR, MATTHEW R CGCS
Address: PO BOX 7039
City-St-Zip: NAPLES, FL 34101

Title: ST ( ) Delete
Name: MCCORD, JAY
Address: 8524 BRIERWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: BEL JAN, JAN
Address: 17755 SE FEDERAL HIGHWAY
City-St-Zip: JUPITER, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WELLS, THOMAS R
Address: 320 3RD STREET SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: P (X) Change ( ) Addition
Name: TAYLOR, MATTHEW R CGCS
Address: PO BOX 7039
City-St-Zip: NAPLES, FL 34101

Title: V (X) Change ( ) Addition
Name: MCCORD, JAY
Address: 8524 BRIERWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32217

Title: ST (X) Change ( ) Addition
Name: DAVIS, DARREN
Address: 9393 VANDERBILT BEACH ROAD EXTENSION
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN M. FEENEY C 03/23/2006

Electronic Signature of Signing Officer or Director — Date