2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90049 032 ****61.25

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DOCUMENT # 706234

1. Entity Name
FLORIDA TURFGRASS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5104 NORTH ORANGE BLOSSOM TRAIL SUITE 104 ORLANDO, FL 32810 US	5104 NORTH ORANGE BLOSSOM TRAIL SUITE 104 ORLANDO, FL 32810 US

01222007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

FEENEY, SUSAN M
5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 104
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name: PACE, CASEY
Street Address (P.O. Box Number is Not Acceptable): 5104 NORTH ORANGE BLOSSOM TRAIL STE 104
City: ORLANDO, FL FL Zip Code: 32810

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: Casey Wohl Pace 1-22-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	D WELLS, THOMAS R 320 3RD STREET SW WINTER HAVEN, FL 33880	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PACE, CASEY 5104 N ORANGE BLOSSOM TR STE 104 ORLANDO, FL 32810	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TAYLOR, MATTHEW R CGCS PO BOX 7039 NAPLES, FL 34101	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCCORD, JAY 8524 BRIERWOOD ROAD JACKSONVILLE, FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JAY MCCORD 8524 BRIERWOOD RD JACKSONVILLE, FL 32217	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DAVIS, DARREN 9393 VANDERBILT BEACH ROAD EXTENSION NAPLES, FL 34120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT DAVIS, DARREN 9393 VANDERBILT BEACH RD EXTENSION NAPLES, FL 34120	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY / TREASURER TODD HIMELBERGER 329 30th Street West Bradenton, FL 34205	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Casey Wohl Pace 1-22-07 407/291-9415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #