

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2007
Secretary of State**

DOCUMENT# 714409

Entity Name: DADE AMATEUR GOLF ASSOCIATION, INC.

Current Principal Place of Business:

9100 S DADELAND BLVD
SUITE 912
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9100 S DADELAND BLVD
SUITE 912
MIAMI, FL 33156

New Mailing Address:

FEI Number: 23-7069300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VARGAS, ANTONIO
9100 S DADELAND BLVD
SUITE 516
MIAMI, FL 33156 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: PD () Delete
Name: DELUCCA, CHAS. JR.,
Address: 9100 S DADELAND BLVD
City-St-Zip: MIAMI, FL 33156

Title: VD () Delete
Name: SCHWARTZ, ALLAN,
Address: 9100 S DADELAND BLVD
City-St-Zip: MIAMI, FL 33156

Title: VD () Delete
Name: DELUCA, CHARLES III
Address: 9100 S DADELAND BLVD
City-St-Zip: MIAMI, FL 33156

Title: VD () Delete
Name: PIFER, CHARLES
Address: 9100 S DADELAND BLVD
City-St-Zip: MIAMI, FL 33156

Title: VD () Delete
Name: MILLER, JAY J
Address: 9100 S DADELAND BLVD
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: GOODHART, DAVE
Address: 9100 S DADELAND BLVD
City-St-Zip: MIAMI, FL 33156

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
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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: CHARLES DELUCCA JR.

PD

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date