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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006432 (6)

1. Corporation Name
EVERGLADES GOLF COURSE SUPERINTENDENTS ASSOCIATION, INC.



Principal Place of Business: 131 9TH STREET S.W. NAPLES FL 33964
Mailing Address: P.O. BOX 990422 NAPLES FL 34116-6065

3. Date incorporated or Qualified: 12/16/1996
3a. Date of Last Report
4. FEI Number: 59-250-6777
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 121 9th Street SW
22 Suite, Apt #, etc.
23 City & State
24 Zip: 34117
25 Country
26 2a. Mailing Address
27 Suite, Apt #, etc.
28 29 City & State
30 Zip Country

9. Name and Address of Current Registered Agent
ROBERTS, MARIE
1760 N.W. PINE LAKE DRIVE
STUART FL 34994

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Marie Roberts, Registered Agent
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
March 25, 1997 DATE

12. OFFICERS AND DIRECTORS
TITLE: D President
NAME: Terry Wood
STREET ADDRESS: 4245 23RD PLACE S.W.
CITY-ST-ZIP: NAPLES FL 34116
TITLE: D Vice President
NAME: Mike Mongoven
STREET ADDRESS: 1277 HANTON AVE
CITY-ST-ZIP: FT. MYERS, FL 33901
TITLE: D Secretary/Treasurer
NAME: Tad Altman
STREET ADDRESS: 121 9th Street SW
CITY-ST-ZIP: Naples, FL 34117

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tad Altman, Secretary/Treasurer (941) 592-0224
3-25-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)