


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90200 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000006432

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

Principal Place of Business 1721 16TH AVE SW NAPLES FL 34117 US	Mailing Address P.O. BOX 990422 NAPLES FL 33999-0422
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/16/1996	4. FEI Number 91-1931020 Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MONGOVEN, MIKE	
STREET ADDRESS	1277 HANTON AVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	ALTMAN, TAD	
STREET ADDRESS	121 9TH ST SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DURAND, STEVEN	
STREET ADDRESS	1721 16TH AVE SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROY BATES	
1.3 STREET ADDRESS	1915 EXPRESS CT	
1.4 CITY-ST-ZIP	NAPLES FL 34110	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RIKK TATUM	
2.3 STREET ADDRESS	10244 PENNSYLVANIA AVE	
2.4 CITY-ST-ZIP	BOYNTON SPRINGS, FL 34135	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STEVEN K. DURAND	
3.3 STREET ADDRESS	1721 16TH AVE SW.	
3.4 CITY-ST-ZIP	NAPLES, FL 34117	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MATT TAYLOR	
4.3 STREET ADDRESS	6111 NW. 22ND AVE	
4.4 CITY-ST-ZIP	NAPLES, FL 34119	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 as an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN K. DURAND **REQUIRED** FEB 22, 1999 941-597-1719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)