


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90035 016 \*\*\*\*61.25

**DOCUMENT # N96000006432**

1. Entity Name  
**EVERGLADES GOLF COURSE SUPERINTENDENTS ASSOCIATION, INC.**



Principal Place of Business  
**797 WALKERBILT ROAD  
 NAPLES, FL 34110 US**

Mailing Address  
**PO BOX 110422  
 NAPLES, FL 34108 US**



2. Principal Place of Business - No P.O. Box #  
**9955 CORSO BELLO DR.**

3. Mailing Address  
**P.O. Box 110422**

Suite, Apt. #, etc.

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

Zip  
**34113**

Country  
**USA**

Zip  
**34108**

Country  
**USA**

03212008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**91-1931020**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DRAFFEN, TODD  
 18144 HORSESHOE BAY CIRCLE  
 FORT MYERS, FL 33967**

7. Name and Address of New Registered Agent


Name  
**TODD DRAFFEN**

Street Address (P.O. Box Number is Not Acceptable)  
**9955 CORSO BELLO DR.**

City  
**NAPLES**

FL Zip Code  
**34113**

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  DATE **3/25/08**

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

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

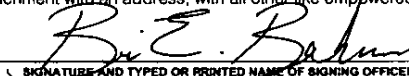
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIDSON, WILLIAM 7760 GOLDEN GATE PARKWAY NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCDONOUGH, COREY 2780 EATONWOOD LANE NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KYLE, KENYON 22800 OAKWILDE BLVD BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MATT PO BOX 7039 NAPLES, FL 34101	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAFFEN, TODD 18144 HORSESHOE BAY CIRCL FORT MYERS, FL 33967	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKNER, BRIAN 113 VIKING WAY NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TODD DRAFFEN 9955 CORSO BELLO DR. NAPLES, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRIAN BECKNER 113 VIKING WAY NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COREY MCDONOUGH 2780 EATONWOOD LANE NAPLES, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE HUFFSTOTLER 1403 GLEN EAGLE BLVD NAPLES, FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERTO QUEVEDO 2930 BRANTLEY BLVD. NAPLES, FL 34117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATT TAYLOR 1600 SOLANA RD. NAPLES, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:  DATE **3/20/08** DAYTIME PHONE # **239-594-0454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR