


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

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

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/16/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		91-1931020	
24 Country		29 Country		30	
25		28		30	
26		29		30	
27		30		30	
28		30		30	
29		30		30	
30		30		30	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PRESIDENT
NAME	MONGOVEN, MIKE	1.2 NAME	ROY BATES
STREET ADDRESS	1277 HANTON AVE	1.3 STREET ADDRESS	1915 EXPRESS CT
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	NAPLES, FL 34110
TITLE	DVP	2.1 TITLE	VICE PRESIDENT
NAME	ALTMAN, TAD	2.2 NAME	RIK TATUM
STREET ADDRESS	121 9TH ST SW	2.3 STREET ADDRESS	10244 PENNSYLVANIA AVE
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	BOYNTON SPRING, FL 34135
TITLE	T	3.1 TITLE	TREASURER
NAME	DURAND, STEVEN	3.2 NAME	STEVEN K. DURAND
STREET ADDRESS	1721 16TH AVE SW	3.3 STREET ADDRESS	1721 16TH AVE SW.
CITY-ST-ZIP	NAPLES FL 34117	3.4 CITY-ST-ZIP	NAPLES, FL 34117
TITLE		4.1 TITLE	SECRETARY
NAME		4.2 NAME	MATT TAYLOR
STREET ADDRESS		4.3 STREET ADDRESS	6111 NW. 22ND AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NAPLES, FL 34119
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 22, 1999

941-597-1719

Date

Daytime Phone #

CR2E037 (11/98)