2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006432

FILED Mar 24, 2004 Secretary of State

Entity Name: EVERGLADES GOLF COURSE SUPERINTENDENTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 110422 NAPLES, FL 34108 US **Current Mailing Address: New Mailing Address:** PO BOX 110422 NAPLES, FL 34108 US FEI Number: 91-1931020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, DARREN 9393 VANDERBILT BEACH ROAD EXT NAPLES, FL 34120 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete (X) Change () Addition LEISEBERG, JIM SWEET, KYLE Name: Name: 10401 TREELINE AVE Address: 2250 WOLFERT RD Address: City-St-Zip: FT MYERS, FL 33913 City-St-Zip: SANIBEL IS, FL 33957 Title: DV Title: DV (X) Change () Addition () Delete SWEET, KYLE Name: BLACK, J. MARK Name: Address: 2250 WOLFERT RD Address: 28995 BONITA GRANDE DR City-St-Zip: SANIBEL IS, FL 33957 City-St-Zip: NAPLES, FL 34119 Title: DS () Delete Title: (X) Change () Addition MAZE, GREG BAKOS, ALAN Name: Name: 2500 CRAYTON RD Address: 920 33RD AVE NW Address: City-St-Zip: NAPLES, FL 34120 City-St-Zip: NAPLES, FL 34103 Title: () Delete Title: D (X) Change () Addition Name: BLACK, J. MARK Name: TAYLOR, MATT 28995 BONITA GRANDE DR Address: Address: PO BOX 7039 City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34105 Title: () Delete Title: () Change () Addition DAVIS, DARREN Name: Name: 9393 VANDERBILT BEACH RD Address: Address: City-St-Zip: NAPLES, FL 34120 City-St-Zip: Title: () Delete Title: () Change (X) Addition VOLPE, BOB Name: Name: Address: Address: 24401 SPRING CREEK DRIVE BONITA SPRINGS, FL 34134 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DARREN J DAVIS D 03/24/2004