

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714409

Entity Name: DADE AMATEUR GOLF ASSOCIATION, INC.**Current Principal Place of Business:**1802 NW 37 AVENUE
MIAMI, FL 33125**Current Mailing Address:**9100 S DADELAND BLVD
SUITE 912
MIAMI, FL 33156**FEI Number:** 23-7069300**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VARGAS, ANTONIO
9100 S DADELAND BLVD
SUITE 912
MIAMI, FL 33156 US*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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name DE LUCCA, CHARLES A. JR.
Address 29710 SW 183RD COURT
City-State-Zip: HOMESTEAD FL 33030

Title VP, DIRECTOR
Name REED, JOHN
Address 16021 E. TROON CIRCLE
City-State-Zip: MIAMI LAKES FL 33014-6554

Title VP, DIRECTOR
Name DE LUCCA, CHARLES III
Address 6840 QUEEN PALM TERRACE
City-State-Zip: MIAMI LAKES FL 33014

Title DIRECTOR
Name VELEZ, CARLOS
Address 9135 SW 123 STREET
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name STERN, MICHAEL
Address 253 NE 2ND STREET
 APT. #1710
City-State-Zip: MIAMI FL 33132

Title DIRECTOR
Name TONINO, MICHAEL
Address 463 MENDON ROAD
City-State-Zip: ATTLEBORO MA 02703

Title TREASURER, DIRECTOR
Name MIGUEL, ANDY
Address 2370 SW 19TH STREET
City-State-Zip: MIAMI FL 33145

Title VP, DIRECTOR, SECRETARY
Name RODRIGUEZ, CARLOS M
Address 10190 SW 102 AVENUE
City-State-Zip: MIAMI FL 33176

I hereby 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 all other like empowered.

SIGNATURE: CHARLES A DELUCCA JR

PRESIDENT

04/11/2019

Electronic Signature of Signing Officer/Director Detail_____
Date