2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

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

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR, SECRETARY	
Name	DE LUCCA, CHARLES A. JR.	Name	REED, JOHN	
Address	6840 LOCH NESS DRIVE	Address	15310 E LOCH ISLE DRIVE	
City-State-Zip:	MIAMI LAKES FL 33014	City-State-Zip:	MIAMI LAKES FL 33014	
Title	VP, DIRECTOR	Title	DIRECTOR	
Name	DE LUCCA, CHARLES III	Name	MILLER, JAY	
Address	6840 QUEEN PALM TERRACE	Address	7620 N.E. 7TH COURT	
City-State-Zip:	MIAMI LAKES FL 33014	City-State-Zip:	MIAMI FL 33138	
Title	DIRECTOR	Title	DIRECTOR	
Title Name	DIRECTOR GOODHART, DAVE	Title Name	DIRECTOR TONINO, MICHAEL	
Name	GOODHART, DAVE	Name	TONINO, MICHAEL	
Name Address	GOODHART, DAVE 1802 N.W. 37 AVENUE	Name Address	TONINO, MICHAEL 1802 NW 37 AVENUE	
Name Address City-State-Zip:	GOODHART, DAVE 1802 N.W. 37 AVENUE MIAMI FL 33125	Name Address City-State-Zip:	TONINO, MICHAEL 1802 NW 37 AVENUE MIAMI FL 33125	
Name Address City-State-Zip: Title	GOODHART, DAVE 1802 N.W. 37 AVENUE MIAMI FL 33125 TREASURER, DIRECTOR	Name Address City-State-Zip: Title	TONINO, MICHAEL 1802 NW 37 AVENUE MIAMI FL 33125 VP, DIRECTOR	
Name Address City-State-Zip: Title Name	GOODHART, DAVE 1802 N.W. 37 AVENUE MIAMI FL 33125 TREASURER, DIRECTOR MIGUEL, ANDY	Name Address City-State-Zip: Title Name	TONINO, MICHAEL 1802 NW 37 AVENUE MIAMI FL 33125 VP, DIRECTOR RODRIGUEZ, CARLOS M	

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.

PRESIDENT

SIGNATURE: CHARLES DELUCCA JR.

Electronic Signature of Signing Officer/Director Detail

FILED Sep 14, 2016 Secretary of State CC8363707744

Certificate of Status Desired: Yes

Date