

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N10000000136

**Entity Name:** CENTRAL FLORIDA SPORTS TURF MANAGERS ASSOCIATION, INC.

**FILED  
Aug 20, 2013  
Secretary of State  
CC2401323112**

**Current Principal Place of Business:**

ATTN: SCOTT GRACE  
4202 E. FOWLER AVE. ATH100  
TAMPA, FL 33620

**Current Mailing Address:**

ATTN: SCOTT GRACE  
4202 E. FOWLER AVE. ATH100  
TAMPA, FL 33620

**FEI Number: 27-2061177**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GRACE, SCOTT  
9867 MORRIS GLEN WAY  
TAMPA, FL 33637 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 P  
Name GRACE, SCOTT  
Address 9867 MORRIS GLEN WAY  
City-State-Zip: TAMPA FL 33637  
  
Title VICE PRESIDENT - COMMERCIAL  
Name LAWSON, GEORGE  
Address 30623 NORSEMAN PLACE  
City-State-Zip: WESLEY CHAPEL FL 33545  
  
Title SECRETARY  
Name MILLAR, MARK  
Address 3710 JASON DWELLEY PARKWAY  
City-State-Zip: APOPKA FL 32703

Title VP  
Name CROFT, DALE  
Address PO BOX 544  
City-State-Zip: SUMTERVILLE FL 33585  
  
Title TREASURER  
Name LUCAS, MITCH  
Address 1704 WOODBERRY RD.  
City-State-Zip: BRANDON FL 33510

*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: SCOTT GRACE**

**PRESIDENT**

**08/20/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date