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

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

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

DOCUMENT# N1000000136

# **Current Mailing Address:**

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

# FEI Number: 27-2061177

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

# Certificate of Status Desired: No

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 |                 |                      |
|---------------------------|--|-----------------|----------------------|
| Officer/Director Detail : |  |                 |                      |
| Title                     | Ρ  | Title           | VP                   |
| Name                      | GRACE, SCOTT                             | Name            | CROFT, DALE          |
| Address                   | 9867 MORRIS GLEN WAY                     | Address         | PO BOX 544           |
| City-State-Zip:           | TAMPA FL 33637                           | City-State-Zip: | SUMTERVILLE FL 33585 |
| Title                     | VICE PRESIDENT - COMMERCIAL              |                 |                      |
| Name                      | LAWSON, GEORGE                           |                 |                      |
| Address                   | 30623 NORSEMAN PLACE                     |                 |                      |
| City-State-Zip:           | WESLEY CHAPEL FL 33545                   |                 |                      |

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

04/26/2013

Date

Electronic Signature of Signing Officer/Director Detail