

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005777

**Entity Name:** FLORIDA DEAF GOLF ASSOCIATION, INC.

**Current Principal Place of Business:**

5493 WARD LAKE DRIVE  
PORT ORANGE, FL 32128

**Current Mailing Address:**

5493 WARD LAKE DRIVE  
PORT ORANGE, FL 32128 US

**FEI Number:** 65-0450621

**Certificate of Status Desired:** No

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

DEMOTTE, ROY E  
4641 S. ATLANTIC AVE.  
#605  
PORT ORANGE, FL 32127 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:** ROY DEMOTTE

05/01/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            DE MOTTE, ROY  
Address        5493 WARD LAKE RD.  
City-State-Zip: PORT ORANGE FL 32128

Title            VP  
Name            KALETA, JOHN  
Address        2637 DAY LILY RUN  
City-State-Zip: THE VILLAGES FL 32162

Title            SECY  
Name            SCHWARZ, LOUIS  
Address        2172 BLACKVILLE DRIVE  
City-State-Zip: THE VILLAGES FL 32162

Title            D  
Name            DEUEL, HAROLD  
Address        120 LEGENDARY DR. #101  
City-State-Zip: ST. AUGUSTINE FL 32092

Title            D  
Name            STONE, JR., WILLIAM  
Address        170 MARILYN DR. E.  
City-State-Zip: FAYETTEVILLE GA 30214

Title            D  
Name            FERNANDEZ, ALEX  
Address        285 N.W. 48TH PLACE  
City-State-Zip: MIAMI FL 33126

Title            TREASURER  
Name            SOLANO, VICTOR  
Address        14451 S.W. 99TH AVE.  
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:** ROY DE MOTTE

**PRESIDENT**

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date