

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005948

Entity Name: CENTRAL FLORIDA GOLF COURSE SUPERINTENDENTS ASSOCIATION INC.

FILED
Apr 22, 2015
Secretary of State
CC9157944866

Current Principal Place of Business:

7512 DR. PHILLIPS BLVD.
SUITE 50-257
ORLANDO, FL 32819

Current Mailing Address:

7512 DR. PHILLIPS BLVD.
SUITE 50-257
ORLANDO, FL 32819 US

FEI Number: 91-1931012

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRYAN, JENNIFER
939 NE JUNIPER PL
JENSEN BEACH, FL 34957 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: JENNIFER BRYAN

04/22/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CRAIG, RICKEY
Address 7512 DR. PHILLIPS BLVD.
 SUITE 50-257
City-State-Zip: ORLANDO FL 32819

Title SECRETARY
Name FLYNN, CHRIS
Address 7512 DR. PHILLIPS BLVD.
 SUITE 50-257
City-State-Zip: ORLANDO FL 32819

Title VP
Name ROGERS, DAVID
Address 20758 CANOE CROSSING CT.
City-State-Zip: CLERMONT FL 34715

Title ASSOCIATION MANAGER
Name BRYAN, JENNIFER
Address 939 NE JUNIPER PL
City-State-Zip: JENSEN BEACH FL 34957

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: JENNIFER BRYAN

EXECUTIVE DIRECTOR

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date