


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 580405

1. Entity Name
TOURNAMENT GOLFERS ASSOCIATION, INC.




1st MOORE CR2E034 (10/06)

Principal Place of Business Mailing Address
441 S.W. 83RD AVENUE **441 S.W. 83RD AVENUE**
P.O. BOX 6332 (MARGATE, FL 33093) **P.O. BOX 6332 (MARGATE, FL 33093)**
NO. LAUDERDALE FL 33068 **NO. LAUDERDALE FL 33068**
US **US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1840175** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANIUK, THOMAS B
441 S W 83RD AVENUE
NO LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	FEELEY, AMELIA	
STREET ADDRESS	390 SW 56TH AVE	
CITY- ST- ZIP	PLANTATION, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIGGIANI, JOHN A	
STREET ADDRESS	101 E ALTAMONTE DR #1031	
CITY- ST- ZIP	ALTAMONTE SPRGS, FL00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANIUK, THOMAS B	
STREET ADDRESS	441 SW 83RD AVE	
CITY- ST- ZIP	N LAUDERDALE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 02/16/07-80006-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas B. Franiuk 2/6/07 (954) 721-4079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #