

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705901

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: SOLUTIA GOLF ASSOCIATION, INC.

**Current Principal Place of Business:**

2365 OLD CHEMSTRAND RD  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1087  
GONZALEZ, FL 32560 US

**New Mailing Address:**

2365 OLD CHEMSTRAND RD  
CANTONMENT, FL 32533

FEI Number: 59-2150685      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JOHN H CHILDS, JR  
2365 OLD CHEMSTRAND RD  
CANTONMENT, FL 32533 US

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

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: HECHT, JOSEPH S  
Address: 1028 FLEMING DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: SD ( ) Delete  
Name: LEE, JAMES A  
Address: 10081 HOLSBERRY LANE  
City-St-Zip: PENSACOLA, FL 32534

Title: P ( ) Delete  
Name: DAVID, ROBINSON W  
Address: 4090 AIKEN RD  
City-St-Zip: PENSACOLA, FL 32503

Title: VP ( ) Delete  
Name: DANIELS, KENNETH J  
Address: 3796 HWY 29N  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: CLEARY, ROBERT M  
Address: 1404 TEMPLEMORE DRIVE  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: PRICE, ROY B SR  
Address: 2519 SOUTHERN OAKS DRIVE  
City-St-Zip: CANTONMENT, FL 32533

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID W ROBINSON

P

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date