

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710656** (0)

1. Corporation Name

FLORIDA SENIOR GOLF ASSOCIATION, INC.



Principal Place of Business 1032 S STERLING AVE TAMPA FL 33629 US	Mailing Address 1032 S STERLING AVE. TAMPA FL 33629
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3. Date Incorporated or Qualified
04/04/1966

4. FEI Number
59-6182034

Applied For
Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**EDMONDSON, GEORGE E., JR.
1032 STERLING AVENUE
TAMPA FL 33629**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCALL, KENNETH JR.		1.2 NAME Donald W. Gould	
STREET ADDRESS 1218 COUNTRY CLUB DR.		1.3 STREET ADDRESS 1400 So. MacDill Ave	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP Tampa, FL 33629	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, WALDO B.		2.2 NAME Robert C. Tyo	
STREET ADDRESS 2501 LAKE POINT LANE		2.3 STREET ADDRESS 31 E Turtle Creek Drive	
CITY-ST-ZIP CLEARWATER FL		2.4 CITY-ST-ZIP Taguasta, FL 33469	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIGGINS, RICHARD E		3.2 NAME William P. Lott	
STREET ADDRESS 6354 BAHAMA SHORES DR S		3.3 STREET ADDRESS 2033 La Canada Drive	
CITY-ST-ZIP ST PETERSBURG FL		3.4 CITY-ST-ZIP CLEARWATER, FL 34622	
TITLE STD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDMONDSON, GEO E. JR.		4.2 NAME	
STREET ADDRESS 1032 SO. STERLING AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOULD, DONALD W.		5.2 NAME	
STREET ADDRESS 1400 SO. MACDILL AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HATCHER, MANION, F.		6.2 NAME	
STREET ADDRESS 908 ALBA DR		6.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Feb 10 1998 (012) 253-2822

CR2E037 (1097)