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Feb 24, 1999 8:00 am  
Secretary of State

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 710656**

1. Corporation Name

**FLORIDA SENIOR GOLF ASSOCIATION, INC.**



\* 1 8 105377 5 - 90011 - 10 7 \*

Principal Place of Business

1032 S STERLING AVE  
TAMPA FL 33629  
US

Mailing Address

1032 S STERLING AVE.  
TAMPA FL 33629



2. Principal Place of Business

21 **442 W. Kennedy Blvd**

(Suite) Apt. #, etc.

22 **200**

City & State

23 **Tampa, FL.**

Zip Country

24 **33606** 25

2a. Mailing Address

26 **P.O. Box 10493**

Suite, Apt. #, etc.

27

City & State

28 **Tampa FL**

Zip Country

29 **33679** 30

3. Date Incorporated or Qualified

**04/04/1966**

4. FEI Number

**59-6182034**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 **DENNIS R. MARCOTTE**

82 Street Address (P.O. Box Number is Not Acceptable)  
**442 W. Kennedy Blvd.**

83 **Suite 200**

84 City **TAMPA**

**FL**

85 Zip Code  
**33606**

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 **Dennis R. Marcotte**  
Signature, typed or printed name of registered agent and title if applicable.

**DENNIS R. MARCOTTE SECRET-TREAS**  
(NOTE: Registered Agent signature required when reinstating)

**1-11-99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **GOULD, DONALD W**  
STREET ADDRESS **1600 S MACDILL AVE**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **VP** ☒ DELETE  
NAME **TYO, ROBERT C**  
STREET ADDRESS **21-E TURTLE CREEK DR**  
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **D** ☒ DELETE  
NAME **RIGGINS, RICHARD E**  
STREET ADDRESS **6354 BAHAMA SHORES DR S**  
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **STD** ☒ DELETE  
NAME **EDMONDSON, GEO E. JR.**  
STREET ADDRESS **1032 SO. STERLING AVE.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE  
NAME **LOTZ, WILLIAM P**  
STREET ADDRESS **2833 LA COMCHA DR**  
CITY-ST-ZIP **CLEARWATER FL 34622**

TITLE **D** ☐ DELETE  
NAME **HATCHER, MANIOU**  
STREET ADDRESS **908 ALBA DR**  
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **Robert C. Tyo**  
1.3 STREET ADDRESS **21-E TURTLE CREEK DR.**  
1.4 CITY-ST-ZIP **TEQUESTA, FL 33469**

2.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
2.2 NAME **Richard Riggins**  
2.3 STREET ADDRESS **6354 BAHAMA SHORES DR S.**  
2.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33705**

3.1 TITLE **TRE PRESIDENT** ☒ Change ☐ Addition  
3.2 NAME **DONALD W. GOULD**  
3.3 STREET ADDRESS **3506 Bay Fair Pl**  
3.4 CITY-ST-ZIP **TAMPA, FL. 33629**

4.1 TITLE **SECRETARY-TREASURER** ☐ Change ☒ Addition  
4.2 NAME **DENNIS R. MARCOTTE**  
4.3 STREET ADDRESS **2915 AGUILA ST.**  
4.4 CITY-ST-ZIP **TAMPA, FL 33629**

5.1 TITLE **DIRECTOR** ☐ Change ☐ Addition  
5.2 NAME **WILL**  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

**Dennis R. Marcotte**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-99**  
Date

**813-259-1245**  
Daytime Phone #

CR2E037 (1/98)