FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715302 (6)

1. Corporation Name
JUNIOR GOLF ASSOCIATION OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
40 WIMBLEDON LAKE DR. PLANTATION FL 33324 US	42 WIMBLEDON LAKE DR. PLANTATION FL 33324 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1968
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7145005 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 42 Wimbledon Lake Dr.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DOUMAR,RAYMOND A
412 BLOUNT BLDG
FORT LAUDERDALE FL 33301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	CASHMAN, JOHN J.	1.2 NAME		
STREET ADDRESS	42 WIMBLEDON LAKE DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	DUNNE, PATRICIA	2.2 NAME		
STREET ADDRESS	238 PINE AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	O'KEEFE, YVONNE	3.2 NAME	Amoriello, Paula	
STREET ADDRESS	2840 N.E. 9TH ST.	3.3 STREET ADDRESS	11025 NW 42nd Ct	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	Coral Springs, FL	
TITLE		4.1 TITLE	SD	☐ Change ☑ Addition
NAME		4.2 NAME	Horse, Sharon	
STREET ADDRESS		4.3 STREET ADDRESS	9081 NW 12th Ct	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Paula S. Amoriello 3/29/95 741-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Paula S. Amoriello

D04T126