


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90029 026 \*\*\*\*61.25

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # 719183</b><br>1. Entity Name<br><b>FLORIDA GOLF COURSE SUPERINTENDENTS ASSOCIATION, INC.</b>   |  |  |   |                                      |  |
| Principal Place of Business<br><b>1760 NW PINE LAKE DR.<br/>STUART, FL 34994</b>   |  |  | Mailing Address<br><b>1760 NW PINE LAKE DR.<br/>STUART, FL 34994 US</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.                               |   |  |
| City & State   |  |  | City & State  |   |  |
| Zip  |  | Country  |   | Zip   |  |
| Country  |  | Country  |   | 4. FEI Number<br><b>59-2506777</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ROBERTS, MARIE<br/>1760 NW PINE LAKE DR<br/>STUART, FL 34994</b>   |  |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |  |  |   | FL Zip Code   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| Make check payable to Florida Department of State  |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>            |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ES<br>ROBERTS, MARIE<br>1760 NW PINE LAKE DRIVE<br>STUART, FL              | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>WEYANDT, CRAIG<br>100 HARBOUR DR<br>VERO BEACH, FL 32963            | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>COURT, DAVID<br>8665 JUEGO WAY<br>BOCA RATON, FL 33433                | <input checked="" type="checkbox"/> Delete                                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>PHENEGER, GREG<br>115 SILVER MOSS DR<br>VERO BEACH, FL 32963         | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>PANTALEO, JOE<br>52 INDIAN CREEK DR.<br>INDIAN CREEK, FL 33154       | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>Matt Taylor, Royal Poinciana Club<br>P O Box 7039, Naples, FL 34101 | <input type="checkbox"/> Delete  |   |   |  |
| 12. 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 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 617, 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. |  |  |   |   |  |
| <b>SIGNATURE:</b> <u>Marie Roberts (MARIE ROBERTS)</u> <u>3/14/05</u> <u>772-692-9349</u>  |  |  |   |   |  |