

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90020 010 ****61.25

DOCUMENT # 719183 1. Entity Name FLORIDA GOLF COURSE SUPERINTENDENTS ASSOCIATION, INC.					
Principal Place of Business 1760 NW PINE LAKE DR. STUART, FL 34994			Mailing Address 1760 NW PINE LAKE DR. STUART, FL 34994 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05172007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2506777	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERTS, MARIE 1760 NW PINE LAKE DR STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE <u><i>Marie Roberts</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> <u>7/20/2007</u> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ES <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, MARIE		NAME		
STREET ADDRESS	1760 NW PINE LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEYANDT, CRAIG		NAME	Bass, Shane	
STREET ADDRESS	100 HARBOUR DR		STREET ADDRESS	201 Crooked River Road	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	Carabelle, FL 32346	
TITLE	STD <input checked="" type="checkbox"/> Delete		TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KRIESCH, GREG		NAME	Kistler, William	
STREET ADDRESS	8312 PITTSBURGH BLVD		STREET ADDRESS	5811 Tampa Palms Bld.	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Tampa, FL 33647	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PANTALEO, JOE		NAME		
STREET ADDRESS	52 INDIAN CREEK DR.		STREET ADDRESS		
CITY-ST-ZIP	INDIAN CREEK, FL 33154		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, MATT		NAME		
STREET ADDRESS	ROYAL POINCIANA CLUB, PO BOX 7039		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34101		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, and all other, the empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>8/13/07</u> <small>Date</small>		
			<small>Daytime Phone #</small>		

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