2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719183

FILED Apr 21, 2008 Secretary of State

Entity Name: FLORIDA GOLF COURSE SUPERINTENDENTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1760 NW PINE LAKE DR. 1296 NE OCEANVIEW CIRCLE STUART, FL 34994 JENSEN BEACH, FL 34957

Current Mailing Address: New Mailing Address:

1760 NW PINE LAKE DR. 1296 NE OCEANVIEW CIRCLE STUART, FL 34994 US 1296 NE OCEANVIEW CIRCLE JENSEN BEACH, FL 34957

FEI Number: 59-2506777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBERTS, MARIE JENNIFER INNES

1760 NW PINE LAKE DR 1296 NE OCEANVIEW CIRCECLE
STUART, FL 34994 US JENSEN BEACH, FL 34957 US

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.

SIGNATURE: JENNIFER INNES 04/21/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ES () Delete Title: ES (X) Change () Addition Name: ROBERTS, MARIE, Name: JENNIFER INNES,

Address: 1760 NW PINE LAKE DRIVE Address: 1296 NE OCEANVIEW CIRCLE
City-St-Zip: STUART, FL City-St-Zip: JENSEN BEACH, FL 34957

Title: VD () Delete Title: () Change () Addition

 Name:
 BASS, SHANE
 Name:

 Address:
 201 CROOKED RIVER ROAD
 Address:

 City-St-Zip:
 CARABELLE, FL 32346
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

Name: KISTLER, WILLIAM Name:
Address: 5811 TAMPA PALMS BLVD Address:

Address: 5811 TAMPA PALMS BLVD Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

 Name:
 TAYLOR, MATT
 Name:

 Address:
 ROYAL POINCIANA CLUB, PO BOX 7039
 Address:

 City-St-Zip:
 NAPLES, FL 34101
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER INNES ES 04/21/2008