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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 726419

1. Corporation Name

**THE NORTH FLORIDA SECTION, PROFESSIONAL GOLFERS'
ASSOCIATION OF AMERICA, INC.**

Principal Place of Business

200 FOREST LAKE BLVD.
SUITE #3
DAYTONA BEACH FL 32119-8108
US

Mailing Address

200 FOREST LAKE BLVD.
SUITE #3
DAYTONA BEACH FL 32119-8108
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/16/1973

4. FEI Number

59-1403039

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

PORTER, JERRY
200 FOREST LAKE BLVD.
SUITE 3
DAYTONA BEACH FL 32119-8108

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE
NAME DEATON, JIM
STREET ADDRESS 9000 BAY HILL RD
CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☒ DELETE
NAME GAGLIARDI, GREGG
STREET ADDRESS 1651 SANTA BARBARA DR
CITY-ST-ZIP DUNEDIN FL 34698

TITLE S ☐ DELETE
NAME AUSTIN, TONY
STREET ADDRESS 9756 CAMBERLEY CIR
CITY-ST-ZIP ORLANDO FL 32836

TITLE D ☐ DELETE
NAME WAROBICK, MIKE
STREET ADDRESS 984 PALMER ST
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☐ DELETE
NAME MCFAUL, JACK
STREET ADDRESS 1454 GLENEAGLES DR
CITY-ST-ZIP VENICE FL 34292

TITLE V ☐ DELETE
NAME O'NEILL, STEVE
STREET ADDRESS 17821 CRANBROOK DR
CITY-ST-ZIP LUTZ FL 33549

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Graff, Ned
1.3 STREET ADDRESS 200 Ponte Vedra Blvd.
1.4 CITY-ST-ZIP Ponte Vedra Bch, FL 32082

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Rehanek, Bill
2.3 STREET ADDRESS 2001 Clubhouse Drive
2.4 CITY-ST-ZIP Plant City, FL 33567

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE P ☒ Change ☐ Addition
6.2 NAME O'Neill, Steve
6.3 STREET ADDRESS 1904 River Crossing Dr.
6.4 CITY-ST-ZIP Valrico, FL 33594

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:

Signature of Steve O'Neill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE O'NEILL 3-15-99

Date

904/322-0899
Daytime Phone #

CR2E037 (1/98)