

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90101 025 ****61.25

DOCUMENT # 726419

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1403039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 P ☒ Delete
NAME AUSTIN, TONY
STREET ADDRESS 9756 CAMBERLEY CIR
CITY-ST-ZIP ORLANDO FL 32836

TITLE D ☐ Change ☒ Addition
NAME Parris, Ron, Legacy Clb @ Alaqua Lks
STREET ADDRESS 1700 Alaqua Lks Bl, Longwood, FL
CITY-ST-ZIP

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

TITLE V ☒ Change ☐ Addition
NAME Warobick, Mike
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WILSON, TONY
STREET ADDRESS 1749 ART HAGEN PLACE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ Change ☒ Addition
NAME Slattery, Jim
STREET ADDRESS #1 Country Club Lane
CITY-ST-ZIP Belleair, FL 34616

TITLE V ☐ Delete
NAME LIBBY, RUSS
STREET ADDRESS 3736 RUBIN RD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE P ☒ Change ☐ Addition
NAME Libby, Russ
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LYNCH, MIKE
STREET ADDRESS 4747 HODGES BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE D ☐ Change ☒ Addition
NAME Biroscak, Bob
STREET ADDRESS 8810 Stonebrook Blvd.
CITY-ST-ZIP Sarasota, FL 34238

TITLE D ☐ Delete
NAME BINSWANGER, JACK
STREET ADDRESS 3500 PEMBROKE DR.
CITY-ST-ZIP SARASOTA FL 34239

TITLE S ☒ Change ☐ Addition
NAME Binswanger, Jack
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

Date

386-322-0899

Daytime Phone #