

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90002 024 ****61.25

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07072006 Chg-NP CR2E037 (4/06)

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number 59-1403039		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent PORTER, JERRY 200 FOREST LAKE BLVD. SUITE 3 DAYTONA BEACH, FL 32119-8108				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____		
Filing Fee is \$61.25 Due by September 6, 2006			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 NAME STREET ADDRESS CITY-ST-ZIP	D PARRIS, RON 1700 ALAQUA LKS BL LONGWOOD, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cummings, Mike 849 Capri Isle Blvd. Venice, FL 34292	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAROBICK, MIKE 984 PALMER ST ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Warobick, Mike 4775 S. U.S. #1 Rockledge, FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINE, JON WINDY HARBOR GC, BLDG. 1981, NAVAL ST. MAYPORT, FL 32228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sims, Kennie 7507 Terrace River Dr. Temple Terrace, FL 33637	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIBBY, RUSS 3736 RUBIN RD JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIROSCAK, BOB 8810 STONEBROOK BLVD. SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BINSWANGER, JACK 3500 PEMBROKE DR. SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Binswanger, Jack 3500 Pembroke Dr. Sarasota, FL 34239	
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, with all other like empowered.						
SIGNATURE: <u>Mike Warobick</u> MIKE WAROBICK <u>7/18/06</u> <u>321-632-5461</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						