

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90443 013 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272007

Chg-NP

CR2E037 (12/06)

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	D	<input type="checkbox"/> Delete
NAME	PARRIS, RON	
STREET ADDRESS	1700 ALAQUA LKS BL	
CITY-ST-ZIP	LONGWOOD, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WAROBICK, MIKE	
STREET ADDRESS	4775 S. US #1	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINE, JON	
STREET ADDRESS	WINDY HARBOR GC, BLDG. 1981, NAVAL ST.	
CITY-ST-ZIP	MAYPORT, FL 32228	
TITLE	V	<input type="checkbox"/> Delete
NAME	BINSWANGER, JACK	
STREET ADDRESS	3500 PEMBROKE DR.	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Reger	
STREET ADDRESS	5745 W. 75th St. #333	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Spangler	
STREET ADDRESS	3989 Eagle Landing Way	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Cummings	
STREET ADDRESS	849 Capri Isle Blvd.	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Garrison	
STREET ADDRESS	200 Inverness Ave.	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, with all other like empowered.

**SIGNATURE:** *Mike Warobick* PRES. MIKE WAROBICK 4/24/07 321-632-5461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #