


FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90247 010 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 729043 1. Entity Name GREATER SARASOTA JUNIOR GOLF ASSOCIATION, INC.																																																																																																						
Principal Place of Business 7708 RIVERCLUB BLVD BRADENTON, FL 34202 US		Mailing Address P.O. BOX 1665 VENICE, FL 34284 US																																																																																																				
2. Principal Place of Business 6650 MARTHA ROAD		3. Mailing Address Suite, Apt. #, etc.																																																																																																				
City & State PARRISH FL		City & State State, Apt. #, etc.																																																																																																				
Zip 34219-8413		Country MANATEE																																																																																																				
4. FEI Number 59-2652124		Applied For <input type="checkbox"/> Not Applicable																																																																																																				
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																				
6. Name and Address of Current Registered Agent CHRISTMAN, JUDY 1130 MISTI COURT VENICE, FL 34293		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>																																																																																																						
Filing Fee is \$91.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																																																																																																				
\$5.00 May Be Added to Fees		<input type="checkbox"/>																																																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> </thead> <tbody> <tr> <td style="width: 25%; padding: 2px;">TITLE</td> <td style="width: 75%; padding: 2px;">P</td> <td style="width: 25%; padding: 2px;">TITLE</td> <td style="width: 75%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">SCHIAVETTA, MARY</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">P.O. BOX 1665</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">VENICE, FL 34284</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">TD</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">FRANEK, GARY</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">JOE CHAPMAN</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">7851 40TH AVENUE E.</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1800 SECOND ST, SUITE 735</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">BRADENTON, FL 34203</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">SARASOTA, FL 34236</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VP</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">HIGHTOWER, RUSS</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">P.O. BOX 1665</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">VENICE, FL 34284</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">PISCIOTTA, CHUCK</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">P.O. BOX 1665</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">VENICE, FL 34284</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> </tbody> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SCHIAVETTA, MARY	NAME		STREET ADDRESS	P.O. BOX 1665	STREET ADDRESS		CITY-ST-ZIP	VENICE, FL 34284	CITY-ST-ZIP		TITLE	TD	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FRANEK, GARY	NAME	JOE CHAPMAN	STREET ADDRESS	7851 40TH AVENUE E.	STREET ADDRESS	1800 SECOND ST, SUITE 735	CITY-ST-ZIP	BRADENTON, FL 34203	CITY-ST-ZIP	SARASOTA, FL 34236	TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HIGHTOWER, RUSS	NAME		STREET ADDRESS	P.O. BOX 1665	STREET ADDRESS		CITY-ST-ZIP	VENICE, FL 34284	CITY-ST-ZIP		TITLE	SC	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PISCIOTTA, CHUCK	NAME		STREET ADDRESS	P.O. BOX 1665	STREET ADDRESS		CITY-ST-ZIP	VENICE, FL 34284	CITY-ST-ZIP		TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																				
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																			
NAME	SCHIAVETTA, MARY	NAME																																																																																																				
STREET ADDRESS	P.O. BOX 1665	STREET ADDRESS																																																																																																				
CITY-ST-ZIP	VENICE, FL 34284	CITY-ST-ZIP																																																																																																				
TITLE	TD	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																			
NAME	FRANEK, GARY	NAME	JOE CHAPMAN																																																																																																			
STREET ADDRESS	7851 40TH AVENUE E.	STREET ADDRESS	1800 SECOND ST, SUITE 735																																																																																																			
CITY-ST-ZIP	BRADENTON, FL 34203	CITY-ST-ZIP	SARASOTA, FL 34236																																																																																																			
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																			
NAME	HIGHTOWER, RUSS	NAME																																																																																																				
STREET ADDRESS	P.O. BOX 1665	STREET ADDRESS																																																																																																				
CITY-ST-ZIP	VENICE, FL 34284	CITY-ST-ZIP																																																																																																				
TITLE	SC	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																			
NAME	PISCIOTTA, CHUCK	NAME																																																																																																				
STREET ADDRESS	P.O. BOX 1665	STREET ADDRESS																																																																																																				
CITY-ST-ZIP	VENICE, FL 34284	CITY-ST-ZIP																																																																																																				
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																			
NAME		NAME																																																																																																				
STREET ADDRESS		STREET ADDRESS																																																																																																				
CITY-ST-ZIP		CITY-ST-ZIP																																																																																																				
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																			
NAME		NAME																																																																																																				
STREET ADDRESS		STREET ADDRESS																																																																																																				
CITY-ST-ZIP		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(9)(d), 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>Joseph M Chapman</u> Treasurer		Date: <u>941-955-1095</u>																																																																																																				

50051941



03092005 Chg-NP CR2E037 (10/03)