

DOCUMENT # 729043

1. Entity Name
GREATER SARASOTA JUNIOR GOLF ASSOCIATION, INC.



FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90097 042 ****61.25

Principal Place of Business
1355 DEER HOLLOW BLVD.
SARASOTA, FL 34232 US

Mailing Address
P.O. BOX 1665
VENICE, FL 34284 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01062008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2552124

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

| | | |
|----------------|------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SCHIABETTA, MARY | |
| STREET ADDRESS | P.O. BOX 1665 | |
| CITY-ST-ZIP | VENICE, FL 34284 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | CHAPMAN, JOE | |
| STREET ADDRESS | P.O. BOX 1665 | |
| CITY-ST-ZIP | VENICE, FL 34284 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | HIGHTOWER, RUSS | |
| STREET ADDRESS | P.O. BOX 1665 | |
| CITY-ST-ZIP | VENICE, FL 34284 | |
| TITLE | SC | <input checked="" type="checkbox"/> Delete |
| NAME | PISCIOTTA, CHUCK | |
| STREET ADDRESS | P.O. BOX 1665 | |
| CITY-ST-ZIP | VENICE, FL 34284 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------|---|
| TITLE | P | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MICHAEL McCLELLAN | |
| STREET ADDRESS | 3241 45th AVE E. | |
| CITY-ST-ZIP | BRADENTON FL 34203 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARY SCHIABETTA | |
| STREET ADDRESS | P.O. BOX 1665 | |
| CITY-ST-ZIP | VENICE FL 34284 | |
| TITLE | SC | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MELISSA WILLIAMS | |
| STREET ADDRESS | 3043 WILLOW GREEN | |
| CITY-ST-ZIP | SARASOTA FL 34235 | |
| 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: Joseph M Chapman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH M CHAPMAN

1/10/2008 941-957.4242
 Date Daytime Phone #