

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90046 003 \*\*\*\*70.00

**DOCUMENT # 750910**

1. Entity Name  
THE SOUTH FLORIDA SECTION, PROFESSIONAL  
GOLFERS ASSOCIATION OF AMERICA, INC.



Principal Place of Business  
10804 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33075-8372

Mailing Address  
10804 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33075-8372

40007490



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-1950212

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MARRONE KEVIN J  
10804 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**DO NOT WRITE  
IN THIS SPACE**

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, 2005

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MARRONE, KEVIN  
STREET ADDRESS 10804 W. SAMPLE RD  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE PD  
NAME WILDENHAUS, TOM  
STREET ADDRESS 9393 VANDERBILT RS EXT  
CITY-ST-ZIP NAPLES, FL 34120

TITLE VD  
NAME KURTZEBORN, JIM  
STREET ADDRESS 15391 CANNONGATE DR SE  
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE STD  
NAME RAIMER, JEFF  
STREET ADDRESS 3470 CLUB CENTER BLVD.  
CITY-ST-ZIP NAPLES, FL 34114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

1-24-05