

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **757402** (3)

Corporation Name

FORT PIERCE GOLF ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1800 SO THIRD ST
FT PIERCE FL 34950-5170**

**1800 SO THIRD ST
FT PIERCE FL 34950-5170**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/02/1981

4. FEI Number

59-0250538

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners' association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

**MOODY, GEORGE
202 SOUTHERN AVENUE
FORT PIERCE FL 34950**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOODY, GEORGE		1.2 NAME		
STREET ADDRESS	202 SOUTHERN AVENUE		1.3 STREET ADDRESS		
CITY-STATE-ZIP	FORT PIERCE FL		1.4 CITY-STATE-ZIP	34950	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, ARISTIDE		2.2 NAME	DON LYONS	
STREET ADDRESS	1510 SW LEXINGTON DRIVE		2.3 STREET ADDRESS	565 SE FLORESTA DR	
CITY-STATE-ZIP	PORT ST. LUCIE FL		2.4 CITY-STATE-ZIP	PORT ST LUCIE, FL. 34983	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEGEL, ARISTIDE		3.2 NAME		
STREET ADDRESS	1510 SW LEXINGTON DRIVE		3.3 STREET ADDRESS		
CITY-STATE-ZIP	PORT ST. LUCIE FL		3.4 CITY-STATE-ZIP	34853	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OFENSTEIN, BILLYE		4.2 NAME		
STREET ADDRESS	651 SW VIOLET AVENUE		4.3 STREET ADDRESS		
CITY-STATE-ZIP	PT. ST. LUCIE FL		4.4 CITY-STATE-ZIP	34947	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-STATE-ZIP			6.4 CITY-STATE-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George Moody
George Moody

2.3.95

(561) 465-8110

CR2E037 (10/97)