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**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90079 031 \*\*\*\*61.25

0074297

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 757402**

1. Corporation Name

**FORT PIERCE GOLF ASSOCIATION, INC.**

12/649 - 90079 - 31

Principal Place of Business

1600 SO THIRD ST  
FT PIERCE FL 34950-5170

Mailing Address

1600 SO THIRD ST  
FT PIERCE FL 34950-5170



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

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

9. Name and Address of Current Registered Agent

MOODY, GEORGE  
202 SOUTHERN AVENUE  
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

Aristide Siegel

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

1510 SW Lexington Drive

83

84 City

Port St. Lucie

FL

85 Zip Code

34953

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

*Aristide Siegel*

1-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME MOODY, GEORGE  
STREET ADDRESS 202 SOUTHERN AVENUE  
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE VD ☒ DELETE  
NAME LYONS, DON  
STREET ADDRESS 565 SE FLORESTA DR  
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE TD ☒ DELETE  
NAME SIEGEL, ARISTIDE  
STREET ADDRESS 1510 SW LEXINGTON DRIVE  
CITY-ST-ZIP PORT ST. LUCIE FL 34853

TITLE SD ☐ DELETE  
NAME OFENSTEIN, BILLYE  
STREET ADDRESS 651 SW VIOLET AVENUE  
CITY-ST-ZIP PT. ST. LUCIE FL 34947

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition  
Aristide Siegel  
1510 SW Lexington Drive  
Port St. Lucie, FL 34953

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VD ☒ Change ☐ Addition  
Dick Kendall  
1561 SW Harmony Court  
Port St. Lucie, FL 34952

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TD ☒ Change ☐ Addition  
James Sullivan  
11 Padre Lane  
Port St. Lucie, FL 34952

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Aristide Siegel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99

Date

(561) 465-8110

Daytime Phone #

CR2E037 (11/98)