

FILE NOW: FILING FEE IS \$61.25

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May 06 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 # **767888** (1)
1. Corporation Name
SOUTHWEST FLORIDA MEN'S GOLF ASSOCIATION, INC.



Principal Place of Business C/O WILLIAM H SANDS 13311 GREENGATE BLVD #622 FT MYERS FL 33919 US	Mailing Address C/O WILLIAM H SANDS 13311 GREENGATE BLVD #622 FT MYERS FL 33919 US
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3. Date Incorporated or Qualified 04/11/1983	4. FEI Number 59-2286374	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Calvin Smith Suite, Apt. #, etc. 22 8255 SW Sunnybreeze Rd City & State 23 Arcadia Fl. Zip 24 34266 Country 25 De Soto	2a. Mailing Address 26 Calvin Smith Suite, Apt. #, etc. 27 8255 SW Sunnybreeze Rd City & State 28 Arcadia Fl. Zip 29 34266 Country 30 De Soto
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent Devlin DEVLIN, T. F. 1526 SADDLE WOODS DR. FT. MYERS FL 33919

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 T. Farrell Devlin T. Farrell Devlin 4-24-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SANDS, WILLIAM 13311 GREENGATE BLVD #622 FT. MYERS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO SMITH CALVIN 8255 SW SUNNYBREEZE RD ARCADIA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMEY, ROBERT 8182 SW SUNNYBREEZE ROAD ARCADIA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSS, KENNETH 4225 GLASGOW CT. NORTH FORT MYERS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DEVLIN, T F 1526 SADDLE WOODS DR FT MYERS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P D Smith, Calvin 8255 SW Sunnybreeze Rd Arcadia, Fl. 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPO Lotham, Emery J. 26266 LANCER LANE Punta Gorda, Fl. 33983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T D Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S D Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DC Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: T. Farrell Devlin T. Farrell Devlin 4-24-98 941-481-8622

CR2E037 (10/97)