

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90029 025 \*\*\*\*61.25

**DOCUMENT # 767888**

1. Corporation Name

**SOUTHWEST FLORIDA MEN'S GOLF ASSOCIATION, INC.**

Principal Place of Business

C/O CALVIN SMITH  
8255 SW SUNNYBREEZE RD  
ARCADIA FL 34266  
US

Mailing Address

CALVIN SMITH  
8255 SW SUNNYBREEZE RD  
ARCADIA FL 34266  
US



2. Principal Place of Business

21 **Emery J. Letham**

Suite, Apt. #, etc.

22 **26266 LANCER LANE**

City & State

23 **Punta Gorda**

Zip Country

24 **33983** 25

2a. Mailing Address

26 **Emery J. Letham**

Suite, Apt. #, etc.

27 **26266 LANCER LANE**

City & State

28 **Punta Gorda**

Zip Country

29 **33983** 30

3. Date Incorporated or Qualified

**04/11/1983**

4. FEI Number

**59-2286374**

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

**DELVIN, 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

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**  
Signature, typed or printed name of registered agent and title if applicable.

**T. Farrell Devlin**  
(NOTE: Registered Agent signature required when reinstating)

**4-10-99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ DELETE  
NAME **LETHAM, EMERY J**  
STREET ADDRESS **26266 LANCER LANE**  
CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **PD** ☐ DELETE  
NAME **SMITH, CALVIN**  
STREET ADDRESS **8255 SW SUNNYBREEZE RD**  
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **TD** ☐ DELETE  
NAME **RAMEY, ROBERT**  
STREET ADDRESS **8182 SW SUNNYBREEZE ROAD**  
CITY-ST-ZIP **ARCADIA FL**

TITLE **SD** ☐ DELETE  
NAME **ROSS, KENNETH**  
STREET ADDRESS **4225 GLASGOW CT.**  
CITY-ST-ZIP **NORTH FORT MYERS FL**

TITLE **DC** ☐ DELETE  
NAME **DEVLIN, T F**  
STREET ADDRESS **1526 SADDLE WOODS DR**  
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PD Letham, Emery J.**  
1.3 STREET ADDRESS **26266 LANCER LANE**  
1.4 CITY-ST-ZIP **Punta Gorda, Fl. 33983**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **VPD Smith, Calvin**  
2.3 STREET ADDRESS **8255 SW Sunnybreeze Rd.**  
2.4 CITY-ST-ZIP **ARCADIA, Fl. 34266**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **SAME**  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **SAME**  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **SAME**  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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, with all other like empowered.

SIGNATURE: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/99** (941-629-1042)  
Date Daytime Phone #

0068455

CR2E037 (11/98)