FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:42

DOCUMENT # 769565 (3)

1. Corporation Name
SENIOR P.G.A. TOUR SPONSORS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
39 VILLAGE WALK PONTE VEDRA FL 32082	39 VILLAGE WALK PONTE VEDRA FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2483547 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 13000 Sawgrass Village Circle	26 P.O. Box 1535
Suite, Apt. #, etc. 22 Suite 6	Suite, Apt. #, etc. 27
City & State 23 Ponte Vedra, FL	City & State 28 Ponte Vedra, FL
Zip / Country 24 32082 / 25 St Johns	Zip / Country 29 32004-1535 / 30 St Johns

9. Name and Address of Current Registered Agent

STAUB, HAROLD J.
39 VILLAGE WALK
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

81 Name: Robert M. Burris
82 Street Address (P.O. Box Number is Not Acceptable): 13000 Sawgrass Village Circle
83: Suite 6
84 City: Ponte Vedra FL 85 Zip Code: 32082

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 3/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	FITZGERALD, BRIAN	12 NAME	Belknap, Neil
STREET ADDRESS	30 S. WACKER #34	13 STREET ADDRESS	7281 Lone Pine Dr., Suite 202
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	Rancho Murieta, CA 95683
TITLE	VD	21 TITLE	PD ☒ Change ☐ Addition
NAME	SALESKI, MARY ANN	22 NAME	
STREET ADDRESS	430 SWEDES FORD ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	TD ☐ Change ☐ Addition
NAME	DENTON, JOE D.	32 NAME	Russell, Jack
STREET ADDRESS	400 S ZANG BLVD.	33 STREET ADDRESS	25 Melville Park Road
CITY-ST-ZIP	DALLAS TX	34 CITY-ST-ZIP	Melville, NY 11747
TITLE	D	41 TITLE	SD ☒ Change ☐ Addition
NAME	SACK, ROBERT	42 NAME	
STREET ADDRESS	233 E. FULTON #104	43 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	D ☒ Change ☐ Addition
NAME	TUFFS, DEBORAH	52 NAME	Hallman, Gene
STREET ADDRESS	7373 N. SCOTTSDALE ROAD	53 STREET ADDRESS	1200 Corporate Dr., Suite 410
CITY-ST-ZIP	SCOTTSDALE AZ	54 CITY-ST-ZIP	Birmingham, AL 35242-2940
TITLE	D	61 TITLE	VD ☒ Change ☐ Addition
NAME	MELE, PETER	62 NAME	
STREET ADDRESS	1861 SUDBURY RD	63 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] Robert M. Burris 3/21/95 904-285-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title: Executive Director — Daytime Phone #