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FILED

Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769565 (3)

1. Corporation Name

SENIOR P.G.A. TOUR SPONSORS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

13000 SAWGRASS VILLAGE CIRCLE
STE. 37
PONTE VEDRA FL 32082
US13000 SAWGRASS VILLAGE CIRCLE
STE. 37
PONTE VEDRA FL 32082-5023
US3. Date Incorporated or Qualified
07/26/19833a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2483547

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

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

WIELGU, CHUCK
13000 SAWGRASS VILLAGE DR.
STE. 37
PONTE VEDRA FL 32082

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 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 ☒ DELETE
NAME BELKNAP NEIL
STREET ADDRESS 7281 LONE PINE DR STE 202
CITY-ST-ZIP RANCHO MURIETA CA1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME DENNY ANTRAM
1.3 STREET ADDRESS 16002 N. DALE MABRY HWY
1.4 CITY-ST-ZIP TAMPA, FL 33618TITLE PD ☐ DELETE
NAME SALESKI, MARY ANN
STREET ADDRESS 430 SWEDES FORD ROAD
CITY-ST-ZIP MALVERN PA2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME RUSSELL JACK
STREET ADDRESS 25 MELVILLE PARK RD
CITY-ST-ZIP MELVILLE NY3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CAVNER, HOLLIS
STREET ADDRESS 8990 SPRINGBROOK DR.
CITY-ST-ZIP COON RAPIDS MN4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE O ☐ DELETE
NAME WIELGUS, CHUCK
STREET ADDRESS 13000 SAWGRASS VILLAGE DR.
CITY-ST-ZIP PONTE VEDRA FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME MELE, PETER
STREET ADDRESS 1861 SUDBURY RD
CITY-ST-ZIP CONCORD MA6.1 TITLE P ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Signature and typed or printed name of signing officer or director
CHUCK WIELGU

2/6/97

904-285-8650

Date

Daytime Phone # 0001178

CR2E037 (9/96)