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FILED
May 11 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 # 769565 (3)
1. Corporation Name
SENIOR P.G.A. TOUR SPONSORS' ASSOCIATION, INC.

Principal Place of Business 13000 SAWGRASS VILLAGE CIRCLE STE. 37 PONTE VEDRA FL 32082 US	Mailing Address 13000 SAWGRASS VILLAGE CIRCLE STE. 37 PONTE VEDRA FL 32004-1535 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**WIELGU, CHUCK
13000 SAWGRASS VILLAGE DR.
STE. 37
PONTE VEDRA FL 32082**

3. Date Incorporated or Qualified
07/26/1983

4. FEI Number
59-2483547

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **LANA MANNING**

82 Street Address (P.O. Box Number is Not Acceptable)
13000 SAWGRASS VILLAGE CIR. Ste 37

83

84 City **PONTEVEDRA** **FL** 85 Zip Code **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 **Lana Manning - LANA MANNING** DATE **4-27-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANTRAM, DENNY	
STREET ADDRESS	18002 N DALE MABRY HIGHWAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SALESKI, MARY ANN	
STREET ADDRESS	430 SWEDES FORD ROAD	
CITY-ST-ZIP	MALVERN PA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RUSSELL JACK	
STREET ADDRESS	25 MELVILLE PARK RD	
CITY-ST-ZIP	MELVILLE NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAVNER, HOLLIS	
STREET ADDRESS	8990 SPRINGBROOK DR.	
CITY-ST-ZIP	COON RAPIDS MN	
TITLE	O	<input checked="" type="checkbox"/> DELETE
NAME	WIELGUS, CHUCK	
STREET ADDRESS	13000 SAWGRASS VILLAGE DR.	
CITY-ST-ZIP	PONTE VEDRA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MELE, PETER	
STREET ADDRESS	1881 SUDBURY RD	
CITY-ST-ZIP	CONCORD MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Saleski, Mary Ann
2.3 STREET ADDRESS	One Presidential Blvd., Ste. 401
2.4 CITY-ST-ZIP	Bala Cynwyd, PA 19004
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LANA MANNING
5.3 STREET ADDRESS	13000 SAWGRASS VILLAGE CIR. # 37
5.4 CITY-ST-ZIP	PONTE VEDRA Beach, FL 32082
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Lana Manning** **4-27-98** **904-285-6650**

CR2E037 (10/97)